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BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1971

BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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BOROUGH OF OSSETT

PUBLIC HEALTH COMMITTEE 1971/1972

Chairman:

Alderman A. Robb

Vice-Chairman:

Councillor F. Bennett

Members:

Councillor S.J.W. Cox
Councillor G. Hartington
Councillor A. Nettleton
Councillor B. Sheard
Councillor J. Spurr (The Mayor)
Councillor D. Taylor
Councillor M. Wilby
Councillor R.H. Wilby
Councillor H. Wilkinson

BOROUGH OF OSSETT

PUBLIC HEALTH STAFF

Medical Officer of Health and Divisional Medical Officer

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health and Senior Departmental Medical Officer

Barbara Briggs, M.B., Ch.B., D.P.H.

Public Health Inspector and Cleansing Superintendent

H.W. Mycock, C.S.I.B., A.R.S.H., M.R.I.P.H.H.

Senior Additional Public Health Inspector

P. Myers, M.A.P.H.I.

Additional Public Health Inspector

M. Smith, M.A.P.H.I.

Public Health Inspector's Clerk

Mrs. M.I. Lord

WEST RIDING COUNTY COUNCIL

Preventative Medical Services : Health Division 13

Departmental Medical Officers and School Medical Officers

Irene Hargreaves, M.B., Ch.B.
Doreen Anderson, M.B., Ch.B. (Part-time)
Ruth L. Skrine, M.B., Ch.B. (Part-time)
Irene Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.C.P.S.(E).

Divisional Nursing Officer

Miss A. Hibbard, S.R.N., S.C.M., H.V. Certificate, Q.N.

Nursing Officers

Mrs. J. Pearson, S.R.N., S.C.M., H.V. Certificate
Mrs. P. Grindel, S.R.N., S.C.M., H.V. Certificate, Q.N.
Mrs. M. Lynch, S.R.N., S.C.M.

Health Visitors and School Nurses

Mrs. M.M. Binks, S.R.N., S.C.M., H.V. Certificate
Mrs. J. Renshaw, S.R.N., S.C.M., H.V. Certificate
Mrs. M.D. Mee, S.R.N., S.C.M., H.V. Certificate
Mrs. M. Rhoades, S.R.N. (Part-time)

Home Nurses

Mrs. G. Dainton, S.R.N.
Miss M. Grace, S.R.N., S.C.M., Q.N.
Mrs. L. Leach, S.R.N., Q.N.
Mrs. M.E. Scott, S.R.N., S.C.M., Q.N. (Relief Nurse)

Midwives

Mrs. J. Pole, S.R.N., S.C.M.
Miss A. Tolson, S.R.N., S.C.M., Q.N.

Chiropodist

R. Dixon-Newell, M.ch.S., S.R.Ch. (Part-time)

Child Guidance Services

H. Sanderson, B.Sc., Dip Ed., M.B., Ch.B., D.P.H., D.P.M.
K.N. Maxwell, M.B., Ch.B. Psychiatrist
J.B. Mannix, M.Ed., Psychologist
Mrs. A.B. Castle, B.A. Psychologist
Miss S.T.N. Fairburn, C.S.W. Social Worker

Speech Therapy

Mrs. A.M. Cooper, L.C.S.T. (Part-time)

Divisional Administrative Officer

A. Wright, D.M.A., D.P.A.

Clerical Staff

D. Leach (Senior Clerk)
Mrs. S.M. Aspinall *
Mrs. P. Baldwin
Mrs. E. Brier
Mrs. I. Crofton*
Miss S.M. Davies
Mrs. A. Doidge
Miss K. Edmondson

Mrs. H. Ferrari
Mrs. K. Foster
Mrs. K. Graham
Miss J.E. Hallas
Mrs. V. Lancaster *
P.M. Sheard
Mrs. M. Wilford *

* Part-time

LEEDS REGIONAL HOSPITAL BOARD

Consultant Staff

Ear, Nose and Throat Surgeon

T.B. Hutton, F.R.C.S.

Chest Physician

J.K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist

K.K. Prasher, M.B., B.S., D.O.

Paediatrician

C.S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

Orthopaedic Surgeon

Miss M.A. Pearson, F.R.C.S.

CLINIC PREMISES - CROFT HOUSE, PROSPECT ROAD, OSSETT

Child Health Clinic		Monday and Thursday	2 - 4pm
Midwives Booking Clinic		Wednesday	3 - 4pm
School Clinic	by appointment	Tuesday	2 - 4pm
Immunisation and Vaccination		Monday and Thursday	2 - 4pm
Chiropody Clinic	by appointment	Thursday	9.30 - noon
Cervical Cytology Clinic	by appointment	Thursday	2 - 4pm
Family Planning Clinic	by appointment	Tuesday	9.30 - noon
Ophthalmic Clinic	by appointment	Second Monday in the Month	
Child Guidance Clinic	by appointment	Friday	9.30 - 4pm
Dental Clinic	by appointment		

Divisional Health Office,
Corporation Street,
MORLEY

24th May, 1972

To the Chairman and Members of the Ossett Health Committee:

Mr. Chairman, Gentlemen,

I have much pleasure in submitting my Annual Report for 1971.

I was privileged during the first ten weeks of 1971 to attend a Management Course at Birmingham University. To some the term management is synonymous with business ability, efficiency, budgeting, cost control and the use of more refined or scientific methods of market control including computer techniques, whose end result eventually is the saving of money leading to an increase in profit. All these methods hope to diminish uncertainties particularly in respect of the attitude of the individual consumer so that prediction, planning and co-ordination can be depended upon as being accurate. There is no doubt that the Health Service has a lot to learn from management techniques and there is a lot to be gained in respect of efficiency and financial savings which is as an important consideration in the health service as in private industry. Nevertheless the assumption that management techniques can be applied overall to the solution of medical and social issues fails to accept the involvment of the human factor which on many occasions will be unpredictable and irrational and it should be understood that the introduction of such techniques will not provide the instant panacea for the ills, true or imaginary of the National Health Service. It is important therefore that any management structure designed for the Health Service be orientated to cater for the needs of the patient as an individual and not constructed with the Administration as primary and the patient as a secondary consideration.

It is pleasing to report that there has been an increase in health education in both the senior and junior schools in 1971, and indeed we have started a health education programme in one infants school. If progress in this direction should continue then we might eventually look forward to a planned health education programme right through school life,forming part of the general school curriculum. One does hear a lot these days about sex education, but this forms only a small, albeit an important part of the health education programme and in 1972 a successful symposium was held for the second year running in a senior school for the fifth and sixth year students.
Dr. Turner, Medical Officer of Health for Bradford, in his Annual Report for 1970 said "......... One is aware that some persons who are enthusiastic in proselytising sexual ideas may be doing so because they have problems of their own. It is difficult to find people who are qualified to assess the contents of sex education material, and one would like to be certain that such experts are themselves sexually mature and their judgements accordingly trustworthy ....", and of course this may be true, but one must also be aware

that the person who professes extreme caution may equally have problems in this direction and perhaps those best qualified to assess the content of sex education material lie in between these two extremes.

I think one must accept that sex is a normal biological urge which will dramatically influence our children from puberty onwards. This evil or beauty, depending upon your upbringing, will appear and there is nothing that can be done to prevent it. If one accepts this fact then I believe it is axiomatic that children be taught to understand this phenomenon and in my opinion this can be adequately done in the school system, and like all health education it can be undertaken directly by the staff of the Health Department or preferably by the teaching staff with the support of the Health Department. This does not mean that parents have no part to play - indeed they have the right if not the obligation to impart their knowledge and ideas to their children and it should be expected that the application of any knowledge gained in school or elsewhere would be conditioned by the views - political, social and religious - of the parents until such time as the child comes to express himself with ideas of his own.

There is an aspect of health education however which is causing some concern and it is in respect of the relationship between smoking and diseases of the chest. As you are aware cigarette advertising on television was banned in 1965 and this was followed by the health warning notice which has to be printed on each packet of cigarettes. However, the cigarette advertisers have now changed their methods - presumably by the employment of the services of motivational market researchers - though their aim, the increased sale of cigarettes remains the same. They are now acting as sponsors for various sporting events and have even become involved in supporting the British team at the Olympic Games. It has become increasingly noticeable to those who watch sport on television that large hoardings advertising cigarettes are very prominent - which of course is quite legal and does not contravene the law. The effect of course is to relate a proven dangerous practice to what are regarded as healthy activities and by the sheer power and appeal of these technidques undo a large part of the health education work already undertaken in this direction.

This year I have chosen the notifiable infectious diseases as the topic in the "what are ...." series and I have outlined the nature of the various diseases which are notifiable by law to the Medical Officer of Health.

With the resignation of Mrs. Shields, speech therapist, in December, 1970, the Division was left with no speech therapy service and this position remained until September, 1971, when Mrs. Cooper was appointed. Nevertheless Mrs. Cooper is only able to offer this Division one session a week at Walton Clinic so for all intents and purposes the majority of the Division continues to have no service.

The implementation of the Mayston Report - a report on Management Structure in Local Authority Nursing Services - which is the local health authorities equivalent to the Salmon Report for hospitals has divided management into three levels.

The top tier decides policy, the middle tier decides methods of implementing the policies and the lower tier (first line managers) sees that these methods are carried out. In this Division three first line managers were appointed in 1971, one for health visitors, one for home nurses and one for midwives, the latter being a shared appointment with the neighbouring Division which constitutes Batley, Cleckheaton, Spenborough and Mirfield.

May I thank you Mr. Chairman and members of the Committee for your support during the year, and also the staff of the Divisional Office and Mr. Mycock and his staff for their co-operation and assistance which has been readily given.

GEOFFREY IRELAND

MEDICAL OFFICER OF HEALTH

PRINCIPAL STATISTICS 1971

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Population at 1961 census	40,338	14,737	8,642	20,221	83,938
Registrar General's estimate of population mid 1971	44,660	17,380	8,960	24,210	95,210
Area in acres	9,494	3,332	1,280	21,344	35,451
Average number of persons per acre	4.2	4.4	6.8	0.9	2.3
Number of dwelling houses	16,952	6,263	3,371	8,349	34,935
Rateable Value	£1,558,479	£508,360	£252,787	£653,179	-
Product of Penny Rate	£10,782	£4,985	£2,386	£5,404	-

VITAL STATISTICS 1971

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Live Births					
Legitimate	760	314	142	414	1,630
Illegitimate	65	21	7	22	115
Total	825	335	149	436	1,745
Stillbirths					
Legitimate	10	1	2	1	14
Illegitimate	-	-	-	-	-
Total	10	1	2	1	14
Total Live and Stillbirths	835	336	151	437	1,759
Deaths					
Deaths under 1 week	12	2	1	-	15
Deaths under 4 weeks	13	3	1	-	17
Deaths under 1 year	24	5	2	3	34
Total Deaths all ages	533	181	81	234	1,029
Rates					
Crude Birth Rate (per 1000 of population)	18.5	19.3	16.6	18.0	18.3
Standardised Birth Rate	19.0	18.5	16.1	16.9	--
Stillbirth Rate (per 1000 live & still births)	12.0	3.0	13.2	2.3	8.0
Crude Death Rate (per 1000 of population)	11.9	10.4	9.0	9.7	10.8
Standardised Death Rate	13.7	12.7	10.0	12.6	-
Perinatal Mortality Rate (stillbirths & deaths per 1000 live & stillbirths)	26.3	8.9	20.0	2.3	16.5
Infant Mortality Rate (total infant deaths under one year per 1000 live births)	29.1	14.9	13.4	6.9	19.5
Legitimate Infant Mortality Rate (legitimate infant deaths per 1000 legitimate live births)	27.5	15.8	14.0	4.8	18.4

VITAL STATISTICS 1971 (continued)

	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.	Division 13
Illegitimate Infant Mortality Rate (illegitimate infant deaths per 1000 illegitimate live births)	46.1	0.0	0.0	45.4	34.7
Maternal Mortality Rate (deaths per 1000 live & still births)	0.0	0.0	0.0	0.0	0.0
Percentage of Births which were illegitimate	7.7	6.2	4.6	5.0	6.5

CAUSE AND AGE OF

Cause of Death	Total all Ages	Male	Female	Under 4 weeks	4 weeks & under 1 year.
Enteritis & other Diarrhoeal disease	1	1	-	-	1
Other infective & parasitic diseases	2	2	-	-	-
Malignant Neoplasm - Oesophagus	1	1	-	-	-
Malignant Neoplasm - Stomach	5	2	3	-	-
Malignant Neoplasm - Intestine	5	2	3	-	-
Malignant Neoplasm - Lung & Bronchus	7	6	1	-	-
Malignant Neoplasm - Breast	3	-	3	-	-
Malignant Neoplasm - Prostate	1	1	-	-	-
Other Malignant Neoplasms	8	3	5	-	-
Diabetes Mellitus	2	2	-	-	-
Other Endocrine etc. diseases	1	1	-	-	-
Anaemias	2	2	-	-	-
Mental Disorders	1	1	-	-	-
Other diseases of nervous system	2	1	1	-	-
Chronic Rheumatic Heart Disease	1	1	-	-	-
Hypertensive Disease	3	-	3	-	-
Ischaemic Heart Disease	67	38	29	-	-
Other forms of Heart Disease	6	2	4	-	-
Cerebrovascular disease	25	11	14	-	-
Other diseases of circulatory system	4	2	2	-	-
Pneumonia	5	4	1	-	1
Bronchitis & Emphysema	11	7	4	-	-
Other diseases of respiratory system	3	1	2	-	-
Peptic Ulcer	1	1	-	-	-
Intestinal Obstructions & Hernia	1	-	1	-	-
Nephritis & Nephrosis	2	1	1	-	-
Other diseases Geniot Urinary system	1	-	1	-	-
Diseases of Musculo Skeletal system	2	-	2	-	-
Congenital Anomolies	1	-	1	-	-
Birth Injury, Difficult Labour etc.	1	-	1	1	-
Other causes of Perinatal Mortality	2	1	1	2	-
Motor Vehicle Accidents	2	1	1	-	-
Suicide & Self Inflicted Injuries	1	1	-	-	-
All other External Causes	1	-	1	-	-
Total all causes	181	96	85	3	2

DEATH IN OSSETT IN 1971

AGE								
1 –	5 –	15 –	25 –	35 –	45 –	55 –	65 –	75 & over
				1			1	
							1	
							3	2
					1	2	2	
					3	1	2	1
						1	1	1
								1
	1	1	1			2		3
						2		
							1	
							2	
					1			
					1			1
								1
							1	2
				1	6	11	23	26
							3	3
						1	7	17
				1			1	2
							1	3
					1	3	4	3
							1	2
							1	
							1	
						1		1
						1		
						1		1
		1						
				1		1		
								1
			1					
	1	2	2	4	13	27	56	71

Principal Vital Statistics for

	Division 13	Morley M.B.	Ossett M.B.	Horbury U.D.	Wakefield R.D.
Standardised Birth Rate (per 1000 population)	–	19.0	18.5	16.1	16.9
Standardised Death Rate (per 1000 population)	–	13.7	12.7	10.0	12.6
Cancer Mortality Rate	1.92	2.08	1.73	2.23	1.65
Cerebrovascular disease	1.67	2.10	1.44	1.45	1.12
Circulatory diseases	4.56	4.93	4.66	3.12	4.34
Respiratory Disease (excluding tuberculosis)	1.37	1.46	1.09	1.12	1.36
Infant Mortality Rate (per 1000 live births)	19.5	29.1	14.9	13.4	6.9
Maternal Mortality Rate (per 1000 live & stillbirths)	0.0	0.0	0.0	0.0	0.0
Stillbirth Rate (per 1000 live & stillbirths)	8.0	12.0	3.0	13.2	2.3
Perinatal Mortality Rate	16.5	26.3	8.9	20.0	2.3
Neonatal Mortality Rate	9.7	15.8	9.0	6.7	0.0

1971 Compared with other Areas

Aggregate W.R. Urban Districts	Aggregate W.R. Rural Districts	West Riding Admin. County	England and Wales (provisional figures)
17.2	16.9	17.2	16.0
12.5	12.1	12.3	11.6
2.25	1.94	2.16	*
1.86	1.46	1.75	*
4.62	3.92	4.41	*
1.53	1.16	1.42	*
18.7	17.8	18.4	17.5
0.09	0.11	0.01	
12.8	11.2	12.3	12.5
21.8	21.4	21.7	22.3
10.7	11.7	11.0	11.6

* Figures not available

Vital Statistics
Ossett
1962

Year	Birth Rate	Perinatal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate
1962	25.1	15.1	12.1	11.7	12.2	0.0
1963	21.7	34.7	28.9	12.2	23.8	0.0
1964	20.4	39.8	24.5	11.1	31.3	0.0
1965	20.3	21.5	9.2	11.5	15.5	0.0
1966	21.3	22.9	14.3	11.7	29.1	0.0
1967	21.9	19.0	19.0	10.8	5.5	0.0
1968	22.8	12.8	10.2	9.9	12.9	0.0
1969	20.3	28.6	11.4	10.1	31.8	0.0
1970	20.6	8.4	13.8	10.8	11.2	0.0
1971	19.3	8.9	3.0	10.4	14.9	0.0

over 10 years

Borough

- 1971

Cancer Death Rate	No. of cases of			No. of Deaths		
	Measles	Tuberculosis (all forms)	Diphtheria	Tuberculosis (all forms)	Cancer of Lung & Bronchus	Polio-myelitis
2.11	110	5	0	0	8	0
1.55	172	1	0	0	5	0
2.43	105	1	0	1	5	0
2.02	169	4	0	0	7	0
2.11	130	5	0	0	7	0
1.88	146	4	0	0	7	0
2.01	39	4	0	0	7	0
1.87	24	1	0	0	8	0
1.90	77	2	0	1	5	0
1.73	20	1	0	0	7	0

INFECTIOUS DISEASE

ANNUAL NOTIFICATION OF INFECTIOUS DISEASE 1967 - 71

DISEASE	YEAR OF NOTIFICATION				
	1967	1968	1969	1970	1971
Infective Jaundice	*	2	2	20	1
Scarlet Fever	4	-	2	3	6
Whooping Cough	9	11	1	9	6
Acute Poliomyelitis	-	-	-	-	-
Measles	146	39	24	77	20
Diphtheria	-	-	-	-	-
Dysentery	4	-	-	-	-
Smallpox	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-
Acute Meningitis	-	-	-	-	-
Typhoid Fever	-	-	-	-	-
Paratyphoid	-	-	-	-	-
Food Poisoning	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-
Pulmonary Tuberculosis	4	4	1	1	1
Other forms of Tuberculosis	-	-	-	1	-
Malaria	-	-	-	-	-
Leptospirosis	-	-	-	-	-
Anthrax	-	-	-	-	-
Tetanus	-	-	-	-	-

* Notifiable from 15.6.68

TUBERCULOSIS

Cases requiring examination are referred to the Chest Clinic at Dewsbury General Hospital, the Chest Clinic at Pinderfields Hospital, Wakefield and occasionally the Leeds Chest Clinic. Regular home supervision is carried out by a Health Visitor and free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician.

Summary of Tuberculosis Register for Ossett on the 31st December, 1971

	Respiratory			Non-Respiratory			
	Male	Female	Total	Male	Female	Total	Total
Number on register at 1.1.71	12	7	19	2	3	5	24
Number notified during 1971	1	-	1	-	-	-	1
Number restored to register	-	-	-	-	-	-	-
Number entered in register other than by notification	-	1	1	-	-	-	1
Number removed from register during 1971.							
(a) Died	-	-	-	-	-	-	-
(b) Removed district	1	-	1	1	-	1	2
(c) Recovered	1	-	1	-	-	-	1
Number remaining on register at 31.12.71	11	8	19	1	3	4	23

Age of New Cases and Deaths from Tuberculosis occurring in 1971 in Ossett

Age in Years	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
0 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-
15 - 24	-	-	-	-	-	-	-	-
25 - 44	-	-	-	-	-	-	-	-
45 - 64	-	-	-	-	-	-	-	-
65 and over	1	-	-	-	-	-	-	-
Totals	1	-	-	-	-	-	-	-

During the year two cases of tuberculosis occurred in members of staff working for the West Riding County Council (neither lived in the Division) one of whom was a contact of the other. As a result some 83 children in the Division who were contacts of one or both of these cases were traced and either skin tested and/or referred to the Chest Clinic for a chest x-ray. It is pleasing to report that no cases of tuberculosis was recorded in this group of children.

The Ministry of Health Circular 18/67 drew attention to the necessity of chest x-ray for adults coming into contact with groups of children and in consequence of this the following are referred for this examination : all adults working in nurseries, playgroups or as child-minders; all teachers commencing employment; all students in Colleges of Education; any employee of the County Council or District Council who is likely to come into contact with groups of children.

The Mass Radiography Unit visits the Division regularly and the following statistics were obtained for 1971 from the Consultant Physician in charge of the Unit :-

Area Surveyed	No. Examined	Abnormalities Discovered			
		Tuberculosis		Other *	Total
		Active	Inactive		
Morley M.B.	1325	-	-	2	2
Ossett M.B.	218	-	-	-	-
Horbury U.D.	720	-	-	1	1
Wakefield R.D.	255	1	1	-	2
Totals	2518	1	1	3*	5

* The non-tuberculosis conditions listed were classified as follows :-

Condition	No.
Bacterial & Virus Pulmonary Infections	3
Total	3

Vaccination against tuberculosis is offered to schoolchildren aged eleven years by the School Health Service - but contacts of cases who have a negative skin test are usually offered vaccination at the Chest Clinic.

Details of BCG Vaccination undertaken at Chest Clinics

	Age in Years			Total
	0 - 4	5 - 15	16+	
No. skin tested	27	20	8	55
No. found positive	1	4	2	7
No. found negative	26	16	6	48
No. vaccinated	26	16	6	48
No. of babies vaccinated at birth without skin test	17	-	-	17

EIGHTY YEARS AGO

With the end of the office of Medical Officer of Health now in sight I give below a few extracts from the Annual Report of one of my predecessors, Dr. J.W. Greenwood, for the year 1891.

SMALLPOX

> "During the past twelve months prophylactic measures in Ossett have been almost discarded, and we are ill fortified against attack. Surely some profitable lessons may be learnt from the frightful outbreak in Sheffield not long ago. To any member interested in the matter I shall be glad to lend Dr. Barry's exhaustive report furnished to the Local Government Board. I may just quote that 'of children under ten years of age actually observed during the period of smallpox epidemic the deaths amongst the vaccinated children were only at the rate of 9 per hundred thousand, whilst in the unvaccinated children it was 4400 per hundred thousand.' Thus a 480-fold security against death by smallpox was extended to the vaccinated. If Jenner's discovery be 'all humbug' how comes it the insurance companies still claim an increased premium in case of the unvaccinated as in the case of the intemperate."

SEWAGE AND ITS DISPOSAL

> "Legitimate sewage of a district like ours, i.e. the ordinary refuse from dwellings, sinks, water closets, drains and so forth, was amply provided for in the original scheme; but the admission of all trade refuse into the drains in all its unmitigated filthiness, and in an ever increasing volume, now constitutes the difficult problem which must be solved ....
> We now reach the backbone of the new scheme, viz; the laying out of fresh land in beds for the effluent to run slowly through (intermittent filtration) which should embrace as many acres as are possibly available for the purpose. If arranged so that the beds can be worked seriatum and each receive its proper term of rest, and be periodically and systematically turned over, you may reasonably expect oxydisation of liquid sewage, a removal of all deletrious elements, and discharge of an effluent of standard purity, to which no exception can be taken."

OFFENSIVE TRADES AND SMOKE NUISANCE

"With reference to these, no abatement has taken place, and there is no change to report. Our vegetation is still being destroyed and our atmosphere vitiated to an extent which exercises an injurious influence on the public health. Often during the past few weeks the effect produced in 24 hours time on the beautiful snowfields has afforded a significant demonstration, looking precisely as though an army of chimney sweepers had shaken their pokes over the district - whilst the fogs, more prevalent than heretofore, have given the inhabitants a taste of what our atmosphere is highly flavoured with."

"Ossett in common with the whole of the towns bordering on the Calder is not behind in respect to pollution of that river, spoken of in angling records as once the first trout stream in Yorkshire."

BUILDING, DWELLING HOUSES, DRAINAGE ETC.

"I should like to see increased and separate sleeping accommodation, also something attempted in the shape of a scullery and wherever possible a bathroom. Where domestic offices of every kind are confined to a single room on the ground floor which in very many instances is likewise used as a dormitory, the requisite amount of atmospheric purity is wanting."

"Although considerable attention has been paid to house drainage, and no direct communication with mains is permitted, still the accommodating of old structures to a new drainage scheme is fraught with many difficulties and not a few dangers - you cannot root up all the old drains of the past. You don't know where to search for them - occasionally they are accidentally discovered when clandestine use of them has put one on the right scent."

STREET IMPROVEMENTS, LIGHTING ETC.

"The lighting of streets has been improved by the erection of 12 additional lamps, the substitution of 4 feet burners in place of the 3 feet ones throughout the Borough, and the fixing of 13 Bray's patents in important centres and places requiring increased illumination. As in some sense an equivalent for this increased consumption of gas it is regretted that the Gas Company, whose financial position is so very satisfactory has not seen fit to extend its mains in the direction of Storrs Hill - a district much traversed and sadly in need of better light than the fitful gleam now issuing from paraffin lamps attached to posts long since planted in anticipation of the boon so earnestly coveted If the matter were fairly placed before the directors surely the fractional outlay would not frighten them or be calculated to lessen dividends."

WHAT ARE THE NOTIFIABLE INFECTIOUS DISEASES?

Those infectious diseases which are notifiable to the Medical Officer of Health are defined in the Health Services and Public Health Act 1968 and in the Public Health (Infectious Diseases) Regulations 1968 and they are detailed later.

The responsibility for notifying a case or suspected case of infectious disease or food poisoning rests exclusively with the General Practitioner attending the patient unless he believes that another General Practitioner has already notified the case. All certificates and associated documents must be despatched under a confidential seal and must remain so except in so far as the Medical Officer of Health considers it reasonably necessary for preventing the spread of disease. A fee of 25p is payable to the General Practitioner by the local authority for each notification received on the prescribed certificate.

The five important international diseases - Cholera, Plague, Relapsing Fever, Smallpox and Typhus are defined by name in the Health Services and Public Health Act 1968 and the Medical Officer of Health must immediately inform the Chief Medical Officer at the Department of Health and Social Security of any case or suspected case occurring in his district.

Notification is not of course the only requirement under the above Act and associated regulations. For example the Medical Officer of Health has power to vaccinate or immunise contacts of persons suffering from notifiable diseases; he may require the medical examination of any person whom he suspects to be suffering from a notifiable disease or carrying an organism that is capable of causing it, under the order of a Justice of the Peace. The Medical Officer may similarly secure the medical examination of a group of persons where he suspects one or more of them to be carriers of a notifiable disease and any order may be combined with a warrant authorising the Medical Officer of Health to enter premises. In this context medical examination includes bacteriological and radiological tests and similar examinations. Such provision would of course only be involved when persuasion has failed. The Medical Officer of Health also has powers to exclude a person from work in order to prevent the spread of infection and compensation may be payable in respect of loss of wages, salary etc. in certain cases.

Where a local authority has reason to believe that rats in their district are threatened by or infected with plague or are dying in unusual numbers they must report the matter to the Chief Medical Officer at the Department of Health and take measures to destroy all rats in the district and for preventing rats from gaining entry to buildings.

The Medical Officer of Health must send to the Registrar General by post every week a return of the number of cases of each disease including suspected cases of food poisoning notified to him during the week ended on the preceding Friday night - and in addition the Medical Officer of Health for a county district shall send a copy of the return to the County Medical Officer of Health. Further a quarterly return shall also be made showing the final number of cases after the correction of any diagnosis subsequently made by the notifying medical practitioner or the medical practitioner in charge of the patient. A copy is also sent to the County Medical Officer.

The notifiable infectious diseases are as follows :-

ACUTE ENCEPHALITIS

Encephalities is an inflamation of the brain tissue itself and the majority of cases are probably caused by a virus (which is an infective agent smaller than bacteria, the majority of which can only be visualised using an electron microscope). A number of the conditions are accidentally acquired by man through an arthropod vector like the mosquito or various ticks, the main reservoir of infection being in birds, bats, reptiles etc. with man being an important host in the cycle. However in the presence of a suitable vector the disease can be transmitted from man to man and thus become endemic or even epidemic. Encephalitis may also be present with other diseases such as poliomyelitis, malaria, mumps, rabies, measles, chicken-pox and after certain vaccinations.

ACUTE MENINGITIS

Meningitis is an inflamation of the meninges or the layers of tissues covering the brain. Like Encephalitis there are many causes and sometimes the two conditions are indistinguishable, when it is known as a meningo-encephalitis. The commonest cause of Meningitis in this country is due to the organism known as the Meningococcus which produces cerebrospinal fever in children and young adults - particularly where crowded living conditions exist. Transmission is droplet spread from cases or carriers. Meningococcal meningitis is a bacterial infection but another condition, lymphocictic choriomeningitis exists which is of a virus origin. In this condition the reservoir of the infection is the infected house mouse, though infection in guinea pigs, monkeys, dogs and swine has also been observed. The virus is excreted in the urine and faeces of infected animals and transmission to man is probably through contaminated food.

ACUTE POLIOMYELITIS

This is an acute viral illness involving the nervous system having a wide range of severity from inapparent infection to non-paralytic and paralytic disease. Transmission is by contact with infected throat secretions and faeces, Epidemiological evidence suggests that oral-oral spread may be more significant than faecal-oral spread where sanitation is good.

ANTHRAX

This is a bacterial disease usually of the skin. It is transmitted by contact with the tissues of animals dying of the disease or from contaminated hair, wool, hides, bones and soil. The disease spreads through animals through contaminated meat, bone meal or other feed products and usually gains entrance to man through some injury, frequently minor such as that caused by a spicule of bone. This is primarily an occupational hazard of industrial workers who process hides, hair and bones. There is an initial vesicle (fluid filled bleb) at the site of the inoculation which dries and forms a black scab. Untreated infections continue to a septicaemia with a fatality rate of between 5 - 20%. Pulmonary and abdominal anthrax are rare and carry a much higher fatality rate.

CHOLERA

A bacterial disease characterised by the sudden onset of profuse watery diarrhoea, vomiting and collapse. Death may occur within a few hours of onset and the fatality rate in untreated cases may exceed 50%. Transmission occurs through the drinking of water contaminated with infected faeces and vomitus. Spread from person to person is of relatively minor importance.

DIPTHERIA

This is an acute bacterial disease of the tonsils, throat, larynx or nose. Laryngeal diptheria is serious in infants and young children as it can cause obstruction to the air passages. There is a fatality rate of about 5 - 10% that has remained unchanged in 50 years. Transmission is by contact with a patient or carrier by droplet spread or by contact with articles soiled by discharges from infected persons.

DYSENTERY (BACILLARY)

An acute disease of the intestine characterised by diarrhoea, fever and sometimes vomiting. In severe cases the faeces contain blood. In temperate climates the disease is self limiting, complications are rare, mild cases and inapparent infections numerous and the fatality rate, related mainly to the very young and the very old, less than 1%. Transmission is by faecal-oral spread from an infected person; by objects soiled with faeces; consuming contaminated food or water and by flies.

DYSENTERY (AMOEBIC)

A disease of the large intestine caused by the invasion of the lining membrane by pathogenic protozoa - Entamoeba hystolytica (one of the smallest forms of animal life). The infection may be symptomless or manifested by abdominal discomfort, diarrhoea alternating with constipation or acute diarrhoea with profuse bleeding. The infection may be spread by the blood stream producing abscesses in the liver, lungs and brain. Transmission is mainly by drinking water contaminated by the faeces of infected persons or eating raw fruit and vegetables contaminated by the soiled hands of cases or by flies.

FOOD POISONING

This is a term applied to certain illnesses of sudden onset, usually enteric in nature and acquired through the consumption of food, milk or water. The term applies to intoxications caused by chemical contaminants, toxins produced by bacterial growth, a variety of organic substances that might be present in natural foods such as certain mushrooms, mussels, eels or other seafood and the large group of food poisoning organisms known as the Salmonellae. The commonest symptom is acute gastroenteritis with abdominal pain, diarrhoea, nausea and vomiting. Food poisoning outbreaks are usually recognised by the sudden occurrence of a group of illnesses within a very short period of time among individuals who have consumed one or more foods in common.

INFECTIVE JAUNDICE

A virus infection of the gastro-intestinal system and the liver. Symptoms include malaise, fever, loss of appetite, nausea, followed within a few days by jaundice. Severity varies from the mild case without obvious jaundice lasting a week or so to a severely disabling disease lasting several months. Transmission is by person to person contact by the faecal-oral route. Outbreaks have been related to contaminated food and water.

LEPROSY

This is a chronic mildly infectious disease of bacterial origin. It is a condition of the skin and peripheral nerves with consequent areas of anaesthesia, muscle weakness , paralysis and destructive changes in skin, muscle and bone. Progress of this disease is slow and death is usually due to other causes. Mode of transmission is not established. Bacteria from skin lesions and nasal discharges of infectious patients presumably gain entrance to the body through the skin or respiratory tract. Close household contact is important in the spread of the disease.

LEPTOSPIROSIS

A group of infections characterised by fever, headache, malaise, vomiting, muscular aches, meningitis, jaundice, nephritis and an occasional rash. Fatality rate is low but increases with advancing age and may reach 20% or more in patients with jaundice and nephritis. The disease usually occurs following exposure to water contaminated by the urine of domestic or wild animals i.e. swimming, accidental or occupational immersion. It is an occupational hazard of farmers, sewer workers, miners, abattoir workers and fish workers - all by their possible association with rats. Infection presumably results from the penetration of abraded skin by the organism - the leptospira - or by its ingestion.

MALARIA

This disease consists of a feeling of illness followed by a shaking chill and rapidly rising temperature, accompanied by headache and nausea and ending with profuse sweating. After an interval free of fever the syndrome is repeated either daily, every other day or every third day depending on the type of organism causing the disease. The duration of an untreated attack varies from a week to a month or longer. Relapses are common and may occur at irregular intervals for several years. Transmission is by an infected anopheline mosquito. The mosquito ingests blood from an infected person containing the parasite which multiplies in the mosquito and concentrates in the salivary glands. These are then injected into man when the insect thereafter takes blood meals. There are four types of disease which constitute the human malaria, three are generally not life threatening, but the fourth, malignant tertian, is a disease which can become rapidly progressive and end in coma and death. This is a disease which must always be considered in someone presenting in coma who has recently returned from abroad.

MEASLES

An acute highly communicable virus disease presenting with fever, nasal discharge, conjunctivitis, bronchitis and a characteristic dusky-red blotchy rash appearing on the third or fourth day. It is a severe disease among malnourished children though in the more developed countries it is the complication of pneumonia, ear infections and encephalitis which present the problems. Transmission is by droplet spread or direct contact with the secretions of an infected person.

OPHTHALMIA NEONATORUM

This condition presents as an acute inflamation of the conjunctiva of one or both eyes occurring within the first three weeks of life. The Gonococcus is the most important cause of the infection as it can lead to blindness but it is not the most frequent of the potential infecting agents. Transmission is by contact with the maternal birth canal of an infected mother during childbirth.

PARATYPHOID FEVER

A generalised bacterial disease involving the gastro-intestinal system and presenting with continued fever, occasional rash and usually diarrhoea. Clinically similar to typhoid fever but has a much lower fatality rate and many mild attacks are no more than a transient diarrhoea. Transmission is by direct or indirect contact with faeces or urine of a patient or carrier. Vehicles of indirect spread are food, milk and milk products and shellfish. Occasionally water supplies are implicated following contamination.

PLAGUE

A highly infectious disease characterised by swollen glands, septicaemia, toxaemia, fever and coma. There are three types :- (1) Bubonic plague - the most common with acutely inflamed and painful swellings of the lymph nodes (buboes) draining the site of the original infection; (2) Septicaemic plague - proved by blood smears or blood culture. It is rare and is a form of bubonic plague in which the bubo is absent or obscure and includes throat and tonsillar infections. (1) and (2) above have a fatality rate of between 25 and 50%. (3) Pneumonic plague - the most serious form involving the lungs, the most infectious and usually fatal. Bubonic plague is transmitted by the bite of an infected flea, Xenopsylla cheopsis (the oriental rate flea). Pneumonic plague is spread by droplet infection. The reservoir of infection is found in wild rodents though the infection may transfer to domestic rats in urban or rural areas or transfer from ship to land may occur at ports.

RELAPSING FEVER

Epidemic relapsing fever is acquired by crushing an infected louse over the bite wound or over an abrasion of the skin. Ticks may also be involved. The reservoir of louse borne disease is man though tick borne infections in the United States of America can have a focus of infection in ground squirrels and prairie dogs. Relapsing fever is characterised by bouts of fever lasting 2-9 days alternating with afebrile periods of 2-4 days. The number of relapses varies from two to ten or more.

SCARLET FEVER

Scarlet fever is a sreptococcal sore throat with a rash. The causative organism is the same as that which caused the majority of cases of tonsilitis. There are many types of streptococcus in the group which affects man but only some have the ability to cause the rash and once produced it does not occur again. The reservoir of infection is man, either acutely ill patients or convalescent patients and carriers. The disease is transmitted by direct contact or by droplet infection. Nasal carriers are particularly liable to transmit the disease.

SMALLPOX

This is a viral disease usually with a typical rash. The symptoms prior to the eruption of the rash resemble influenza, the temperature then falls and the rash appears. This rash then progresses through successive phases to the pustular stage when the fever again becomes quite marked. The rash on any particular part of the body is always at the same stage of maturation as opposed to chocken pox where successive "cropping" occurs. Further the rash in smallpox tends to affect the extremities i.e. hands, feet and face rather than the trunk. In the case of chicken pox the reverse tends to apply. There are two types of smallpox, variola minor (alastrim) and variola major (classical). The former is usually associated with a fatality rate of about 2% or less and the latter with a fatality rate of between 40 and 50% in the unvaccinated. The reservoir of infection is only in man and transmission is only by close contact with patients or with their clothing or materials which they have contaminated.

TETANUS

This is an acute disease caused by the toxin of the tetanus bacillus growing at the site of an injury. The disease is characterised by painful muscular contractions which increase in severity producing a fatality rate of up to 70% according to age and treatment. The reservoir of infection is in the intestinal canal of animals especially horses in which it is a normal harmless inhabitant, it can exist in man in a similar way. The danger arises when the tetanus spores (a hard shell round the bacterium which makes it extremely resistant to heat and drying out) are introduced into the body during injury, particularly dirty puncture wounds contaminated with soil or street dust and the majority of cases tend to follow injuries considered to be too trivial for medical consultation. The disease is not directly transmitted from man to man.

TUBERCULOSIS

Tuberculosis is a chronic bacterial disease. Primary infection usually goes unnoticed but can be detected by a skin test. This condition may progress to the pulmonary, miliary, meningeal and other extra pulmonary forms of the disease. Serious outcome of the primary infection is more frequent in infants. Acute pulmonary tuberculosis can arise as a reactivation of a latent focus of infection and can have a variable course with exacerbations and remissions. Diagnosis is by X-ray and confirmed by the demonstration of the tubercle bacilli in the sputum or gastric washings. Extrapulomonary tuberculosis is less common and includes meningitis, miliary tuberculosis and the involvment of bones and joints and other organs of the body. The reservoir of infection in this country is man but in some countries diseased cattle still play a major part in the dissemination of the disease. Transmission is by contact with the tubercle bacilli in the sputum of infected persons, airborne route being the usual mode of spread.

TYPHOID FEVER

A disease charcterised by continued fever and a rash on the trunk. Constipation is more common than diarrhoea. There is a fatality rate of 10% reduced by antibiotic therapy to 2 - 3% or less. The infectious agent is the typhoid bacillus and the reservoir of infection is man -- patients and carriers. Transmission is by direct or indirect contact with infective urine or faeces. The principle vehicles of spread are contaminated water and food.

TYPHUS FEVER

Onset of this disease is sudden with headache, prostration and fever. A rash appears on the 5-6th day and toxaemia is pronounced. In the absence of specific treatment the fatality rate varies from 10-40%. Mild infections may occur in vaccinated individuals. The disease tends to occur in colder areas where people live under louse infested unhygienic conditions. Man is the reservoir of the infection and the mode of transmission is via the body louse which feeds on the blood of a patient with febrile typhus fever. Infected lice excrete the infectious agent (a member of the Rickettsia family - which is approximately midway in size between the bacteria and viruses) in their faeces and they usually defaecate at the time of feeding. Man is infected by rubbing the infective faeces into the wound made by the bite or into other superficial abrasions. Inhalation of dried infective louse faeces as a dust from dirty clothes may also produce infection. The louse itself is killed by the infection within two weeks but the infectious agent remains viable in the dead louse for several weeks.

There is also a flea borne variety of typhus which exists in areas where man and rats occupy the same immediate environment. In this case infection is maintained in nature in the rat-flea-rat cycle and man becomes infected by fleas from the rat. There is no direct transmission from man to man. A tick or mite borne variety also exists (Scrub Typhus) found in the Far East and Northern Australia. The infection is maintained in mites and a mite-rodent-mite cycle probably occurs. Infection in man results from a bite from the infective larval form of the mite.

WHOOPING COUGH

An acute bacterial disease involving the respiratory system characterised by a paroxysmal cough usually within one to two weeks and lasting for up to two months in average cases, well beyond the end of the actual disease process. Fatality is low in countries where vaccination is practised but a higher death rate is always found in children under one year of age. In underdeveloped countries the incidence is high and it is among the most lethal of the common communicable diseases of childhood. Transmission is by direct contact with infectious persons.

YELLOW FEVER

This is an acute viral infectious disease of short duration and varying severity. The mildest cases are subclinical. In the more severe cases jaundice developes and as the disease progresses, becomes intensified. The disease is endemic in its jungle form in the tropical parts of the American and African continents, but there is no evidence that it has been present in Asia. The jungle form can involve urban areas but this has not occurred in the Americas since 1942 apart from a few cases in Trinidad W.I. in 1954. In urban areas the reservoir of infection is man and the disease is spread by the bite of an infective mosquito. Once infected the mosquito remains so for life. In the forest areas monkeys and marmosets form the reservoir. The blood of patients is infective for the mosquito shortly before the onset of the fever and for the first three days of the illness. The disease is not communicable from man to man without the mosquito acting as vector. The case fatality rate among indigenous populations is less than 5%.

BUILDING PROJECTS

The building projects listed below are proposed as being undertaken at the time of writing this report.

Crossland Road, Churwell

Erection of a Mini Clinic for Local Authority Services. Purchase of site approved December 1971. Legal formalities regarding site purchase now in progress.

Station Road, Drighlington

Erection of a Health Centre to accommodate local General Practitioner and Local Authority Services. Site purchased late 1971. Tender let for building February 1972. Building to commence June 1972.

Corporation Street, Morley.

Proposal to extend existing Central Clinic to accommodate a further five General Practitioners and provide extra rooms for Local Authority Services. This will mean re-designation as a Health Centre. Committee approval being sought at present.

Prospect Road, Ossett

Proposal to erect a purpose built Health Centre to accommodate two General Practitioners and Local Authority Services. The existing building at Croft House is inadequate and inconvenient for present day services and the fabric is deteriorating. It is proposed to erect the new Centre on land which already belongs to the County Council adjacent to Croft House. A brief for Committee and the County Architect is in the course of preparation.

High Street, Horbury

Erection of a purpose built Health Centre to accommodate three General Practitioners and Local Authority Services. Site purchased 1971. Sketch plan approved and working drawings and specifications now being prepared.

Slack Lane, Crofton.

Proposal to erect a purpose built Health Centre to accommodate three General Practitioners and Local Authority Services. Wakefield Rural District Council have agreed to the sale of a site for these premises. Purchase of site at present neing negotiated and sketch plans being prepared by the County Architect.

Upper Lane, Netherton.

Proposal to erect a Mini Clinic for Local Authority Services on a site to be purchased from the Wakefield Rural District Council on Upper Lane, Netherton. This project is in the rolling building programme for 1973/74.

HEALTH VISITING

With the attachment of the nursing staff to general practitioners and the fact that their work is now based on practice lists rather than on areas or districts has meant that the records which were kept for the various districts have become meaningless and I present below therefore statistics which relate to the whole of the Divisional Area.

Summary of Health Visitors' Home Visits in the Division in 1971

Cases visited by health visitors	No. of cases (i.e. first visits)
Total number of cases	9598
Children born in 1971	1715
Children born in 1970	1660
Children born in 1966-69	3192
Total number of children in lines 2 - 4	6567
Persons aged 65 or over (excluding 'domestic help only' visits)	917
Number included in line above who were visited at the special request of a general practitioner or hospital	600
Mentally disordered persons	36
Number included in line above who were visited at the special request of a general practitioner or hospital	24
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	138
Number included in line above who were visited at the special request of a general practitioner or hospital	123
Number of Tuberculosis households visited (i.e. visits by health visitors not employed solely on tuberculosis work)	59
Number of households visited on account of other infectious diseases	89
Other cases	1792
Number of tuberculosis households visited by tuberculosis visitors (i.e. employed solely on tuberculosis work)	Nil

Attendances at

Name of Centre	No. of infant welfare sessions held during year by				
	Local Health Authority Medical Officers	Health Visitors only	General Practitioners employed on Sessional basis	Hospital Medical Staff	Total
Ardsley Health Centre	11	89			100
Crigglestone	11	41			52
Crofton	13	35			48
Drighlington	22	26			48
Gildersome	44	8			52
Horbury			48		48
Middlestown			48		48
Morley	42	58			100
Ossett	27	21			48
Sharlston	10	38			48
Walton	10	42			52
Mobile Clinics					
Churwell		22			22
Crofton		23			23
Netherton		22			22
Notton/Woolley/Hall Green		24			24
Sharlston	7	15			22
W.R.C.C. Total	197	464	96		757
Dr. Sarram's Clinic at Ossett					52
Grand Total	197	464	96		809

Child Health Centres

No. of children who attended during the year and who were born in			Total no. of children who attended during the year	No. of attendances during the year made by children who were born in			Total attendances during the year
1971	1970	1966-1969		1971	1970	1966-1969	
164	203	96	463	871	831	272	1974
86	93	62	241	417	339	130	886
91	58	45	194	505	189	65	759
54	45	14	113	199	241	60	500
76	110	57	243	269	355	139	763
106	96	63	265	959	562	159	1680
45	59	59	163	393	500	154	1047
298	348	213	859	1264	1167	440	2876
204	172	80	456	1249	632	152	2033
44	40	33	117	298	131	79	508
37	44	37	118	287	198	86	571
25	29	16	70	179	145	23	347
8	10	6	24	67	68	14	149
33	19	15	67	163	77	35	275
13	7	10	30	38	73	24	135
12	28	18	58	62	91	33	186
1296	1361	824	3481	7225	5599	1865	14689
78	124	157	359	676	390	202	1268
1374	1485	981	3840	7901	5989	2067	15957

As regards the health visitor's work in the child health clinics, emphasis is now placed on the developmental assessment of the pre-school child at which skill she is undoubtedly becoming well experienced.

Developmental Assessment of Pre-School Children

	Year of Birth					
	1966	1967	1968	1969	1970	1971
No. of children assessed	123	87	261	255	1331	1215
No. of children referred to L.A. doctor	30					
No. of children placed on Observation Register	7					
No. of children placed on Handicap/Disability Register	5					
No. of children screened by Stycar Vision Test	412					
No. of children with vision of 3/6 or less referred for further investigation	9					
No. of children referred to ophthalmologist as ? squint	31					

She is still concerned of course with the whole family though the inception of the Social Services Department has meant the discontinuation of much of the straight-forward social work formerly undertaken by her - particularly in respect of the elderly, as this duty now falls upon the all purpose social worker in the new Department.

In addition to the attachment to general practitioners co-operation continues with the Hospital Services and five health visitors are engaged in hospital liaison work. Two undertake premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital; one carries out geriatric liaison with Wakefield General Hospital; one diabetic liaison with Clayton Hospital, Wakefield; and one with the Leeds Chest Clinic engaging in tuberculosis liaison.

HOME NURSING

As with the health visitors all the home nurses are attached to general practitioners. The home nursing service is a seven day service and in the Division two relief nurses are employed who move around the various attachments undertaking relief duties for days off, holidays and sickness. Because of this it is now impossible to maintain records on a district basis and I present below a summary of the statistics for the whole Division.

Summary of Total Number of Cases dealt with during the year in Patients' Homes in 1971.

Classification	No. of cases attended by Home Nurse	No. of visits paid by Home Nurse
Medical	1319	40155
Surgical	461	9382
Infectious Disease	2	5
Tuberculosis	7	257
Maternal Complications	73	622
Other	24	146
Totals	1886	50567

Patients aged 65 +	1094	32959
Children under 5 years	41	379
Patients who had more than 24 visits during the year	481	35106

Work undertaken in 1971 by Home Nurses other than in the Patient's own Home

Treatment given in general practitioners' surgeries, health centres and clinics:-	
Total number of cases treated	2577
Total number of treatments given	3544
Average total time spent including consultations	14 hours per week

Age Groups of Cases Completed in 1971

Age Group	Classification of Completed Cases						
	Medical	Surgical	Tuberculosis	Other Infectious Disease.	Maternal Complications.	Other	Total
0 - 4	13	45	-	-	-	-	58
5 - 14	18	20	-	-	-	-	38
15 - 44	87	107	6	-	67	-	267
45 - 64	154	110	1	-	-	2	267
65 +	561	120	-	2	-	5	688
Totals	833	402	7	2	67	7	1318

Classification of Completed Cases by Disease in 1971

Disease	No. of cases
Tuberculosis	7
Other Infectious Diseases	2
Parasitic Diseases	-
Malignant & Lymphatic Neoplasms	105
Asthma	6
Diabetes Mellitus	22
Anaemia	83
Vascular lesions affecting Nervous System	112
Other Mental & Nervous Illnesses	23
Diseases of the Eye	4
Diseases of the Ear	8
Diseases of the Heart & Arteries	84
Diseases of the Veins	29
Upper Respiratory Disease	5
Other Respiratory Diseases	78
Constipation	70
Other Diseases of the Digestive System	156
Diseases of the Genito Urinary System	54
Diseases of the Breast & Female Genital Organs	57
Maternal Complications	67
Diseases of the Skin & Subcutaneous Tissues	45
Diseases of Bones, Joints & Muscles	52
Injuries	89
Senility	42
Other defined & ill defined Diseases	69
Diseases not specified	49
Total	1318

Nursing Treatment Carried out on Completed Cases in 1971

Type of Treatment	No. of Cases
Injections	272
General Nursing	442
Enemas	90
Dressings	421
Bed Baths	24
Washouts, Douches, Catheters, etc.	9
Changing of Pessaries	13
Preparation for diagnostic investigation	18
Other	29
Total	1318

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near "breaking point" having cared for a patient at home for a considerable time and this service is very much appreciated by those relatives who have been under severe strain.

No. of Cases and Hours worked in Day and Night Nursing Service in the Division in 1971

Area	Cases Attended			Hours Worked		
	Cancer	Other Illness	Total	Cancer	Other Illness	Total
Morley M.B.	3	4	7	146	155	301
Ossett M.B.	5	-	5	206	-	206
Horbury U.D.	2	1	3	51	44	95
Wakefield R.D.	3	-	3	73	-	73
Total	13	5	18	476	199	675

Plans were made for the extension and improvement of this service early in 1972 by the employment of added trained staff. It should be emphasised however that this is a nursing service and not a "sitting service" as the provision of the latter service falls within the province of the Social Services Department.

Provision of Nursing Equipment in the Home

A wide variety of nursing equipment is available to cases being nursed at home and include hospital type beds, mattresses, hoists, commodes, bed-pans, rubber sheets, foam rings, wheel chairs and walking aids of various types. The wheelchairs are provided for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service. During the year some 705 items of nursing equipment were issued to patients.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service has been largely superceded however by the use of disposable pads. These pads are more comfortable to the patient, can be changed more frequently than bed linen and are therefore much more convenient.

MIDWIFERY

The Divisional midwifery staff consists of 9 full time midwives and 4 part time midwives. This staff is sufficient to cope with the number of domiciliary confinements now occurring in the Division which is about 19% of the total births. The part time staff make a valuable contribution as regards the investigation of the home circumstances of mothers-to-be in preparation for early discharge from hospital, and their subsequent nursing, which is a section of the work which has been steadily increasing over the past few years.

The paucity in numbers of the midwifery staff however does not allow full attachment to the general practitioners, but 14 of these doctors' antenatal clinics have a midwife in attendance and this is equivalent in time to the employment of one full time midwife for antenatal clinic purposes.

One midwife attended a refresher course during the year at Hull University in accordance with the rules of the Central Midwives Board.

Hospital and Domiciliary Confinements in 1971

Place of Delivery	District								Divisional Total	
	Morley		Ossett		Horbury		Wakefield			
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Delivered in hospital	770	92.3%	284	84.5%	111	73.4%	258	59.0%	1423	80.9%
Delivered in Private Nursing Home	-	-	-	-	-	-	-	-	-	-
Delivered by Domiciliary Midwife	65	7.7%	52	15.5%	40	26.6%	179	41.0%	336	19.1%
Total (including still-births)	835	100%	336	100%	151	100%	437	100%	1759	100%

Early Discharges from Hospital in the Division 1967-1971

Type of Discharge	Year				
	1967	1968	1969	1970	1971
At 48 hours	200	233	329	347	328
After 48 hours up to and including 5th day	179	251	159	244	212
After 5th day but before 10th day	159	210	198	200	375
Total Patients discharged before 10th day	538	694	686	791	915
Total Divisional Domiciliary Births	488	482	348	372	336

Attendances at Mothercraft and Relaxation Classes

Clinic/Health Centre	No. of Sessions	No. of women attending			No. of attendances		
		Institutionally booked	Domiciliary booked	Total	Institutionally booked	Domiciliary booked	Total
Morley Central Clinic	52	127	-	127	796	-	796
Ardsley Health Centre	47	38	7	45	183	75	258
Middlestown Health Centre	50	76	24	100	368	91	459
Crigglestone Clinic	34	7	20	27	14	154	168
Crofton Clinic	46	16	10	26	109	75	184
Totals	229	264	61	325	1470	395	1865

Attendances at Midwives Antenatal Clinics

Clinic/Health Centre	No. of Sessions	No. of women attending	No. of attendances
Morley Central Clinic	47	114	224
Ardsley Health Centre	19	29	56
Ossett Clinic	52	9	81
Horbury Clinic	50	38	172
Walton Clinic	24	16	67
Crofton Clinic	30	9	66
Totals	222	215	666

Maternity packs are provided free of charge to all mothers preparing for confinement in their own homes. All midwives are trained in the administration of Trilene analgesia and are provided with the necessary equipment which is checked at regular intervals. Analgesia is available to all mothers desiring it, subject to the agreement of the doctor in attendance.

Patients receiving Analgesia

Pethidine	Trilene	
	Alone	with Pethidine
45	83	134

The Emergency Obstetric Units - the 'Flying Squads' - attached to the General Hospital, Wakefield and Staincliffe Hospital, Dewsbury are available for obstetric emergencies occurring within the Division, three of which occurred during the year. Special equipment is also available for the care of premature infants as and when necessary.

Survival of Premature Infants in the Division
Domiciliary and Hospital Confinements

Weight		No. of Premature Infants		
	Born Alive	Born Dead	Dying within 28 days.	Surviving 28 days
Under 2½ lbs	2	2	1	1
2½ lbs - 3 lbs	2	1	1	1
3 lbs - 3½ lbs	6	1	3	3
3½ lbs - 4 lbs	7	1	-	7
4 lbs - 4½ lbs	12	1	3	9
4½ lbs - 5 lbs	24	-	2	22
5 lbs - 5½ lbs	37	2	1	36
Totals	90	8	11	79

Perinatal Deaths
(Stillbirths and Deaths Occurring in the First Week of Life)

District	No. of Deaths	Place of Delivery			No. where L.A. Services involved.
		Home	Hospital	Other	
Morley	22	-	22	-	-
Ossett	3	-	3	-	-
Horbury	3	-	3	-	-
Wakefield Rural	1	-	1	-	-
Division 13	29	-	29	-	-

Maternity Liaison Committees

Several attendances were made at the Dewsbury Maternity Liaison Committee in respect of the new Obstetric Unit at Staincliffe Hospital which is the first phase of the new District General Hospital and which is likely to become operational in June 1972.

Phenylketonuria

Between 6 and 10 days the midwife obtains several drops of blood from the heel of the baby using a sterile lancet which are absorbed on to a test card. This card is then referred to St. James's Hospital, Leeds for the Guthrie test to be undertaken. This test indicates the presence or absence of phenylketonuria which is not treated in the early weeks of life can produce severe mental sub-normality; all children tested in the Division in 1971 proved to be negative.

Congenital Dislocation of the Hip

The midwife performs a special test - the Ortolani test - for the detection of this condition within three days of birth. This test is repeated by the Health Visitor. Those children who have a positive result to this test are referred to their own general practitioners or clinic doctor and if the result is confirmed they are then referred to an orthopaedic specialist as a matter of some urgency for further investigation.

Family Planning Service

By the end of 1971 there were two family planning clinics in existence in the Division. The Family Planning Association were holding a weekly clinic at Morley Central Clinic on a Thursday afternoon and the Health Department continued their own clinic at Croft House, Ossett on a Tuesday morning. Both these clinics commenced in 1970. The table below relates to statistics for the Ossett Clinic only.

No. of Sessions held	52
No. of new patients seen (a) Married	143
(b) Unmarried	6
Total Patients seen	149
No. of new patients seen who were (a) medical cases	8
(b) social cases	12
(c) other cases	129
Total Patients seen	149
Total number of attendances	375

Of the 149 patients seen, 56 were advised to use an oral contraceptive, 51 were fitted with an intra-uterine device and the remaining 42 advised other methods of contraception.

Special sessions for the fitting of intra-uterine devices were arranged towards the end of the year both at Croft House, Ossett and at the Ardsley Health Centre. The services of a doctor who is well experienced in fitting these devices were secured and arrangements were made with the Family Planning Association to accept their patients provided no charge was made for that part of the treatment undertaken by local authority staff.

A considerable amount of forward planning was made in 1971 regarding the extension of the family planning service and it is hoped to commence a weekly clinic at the Ardsley Health Centre during the Spring of 1972 followed by monthly clinics at Sharlston, Crofton, Crigglestone and Middlestown in the early summer. The extension of this direct service will be dependant of course on the availablity of medical staff.

Screening for Cancer of the Cervix and Breast

Screening for Cancer of the cervix and breast commenced in the Division in 1967 and we are now recalling these cases for a repeat smear - approximately 3-4 years after the first examination. We found the non-attendance rate for these repeat smears to be very high running on average of 50% per clinic. Because of this each case is now sent a letter advising them that a further smear is due and that an appointment will be arranged as soon as the bottom half of the letter is completed and returned to the Divisional Office. Part of the problem for the high rate of non-attendance appears to be due to moving house and leaving no forwarding address.

This service provides for the examination of well women who may be suffering from a sympton free pre-cancerous condition which if detected can be successfully treated.

Clinic	No. of Sessions	No. of patients	No. of smears taken	No. of Positive smears	No. of Patients referred with Breast Tumours	No. of patients referred with gynaeco-logical conditions
Morley Central Clinic	28	395	394	2	4	11
Ardsley Health Centre	14	198	198	-	2	-
Ossett Clinic	12	164	163	-	2	3
Middlestown Health Centre	4	54	54	-	-	-
Crigglestone Clinic	5	56	55	-	-	-
Walton Mini Clinic	5	68	68	-	-	3
Crofton Mini Clinic	8	98	98	-	-	-
Sharlston Mini Clinic	3	45	45	-	-	-
Totals	79	1078	1075	2	8	17

It will be seen that only two cases were detected during the year and both of these were still being investigated at hospital at the time of writing this report.

All women who attend these screening clinics have a gynaecological examination and a breast examination and any with abnormalities are reffered to their general practitioners.

Cervical smears are also undertaken by general practitioners, family planning clinics, works medical officers and at hospital out-patient departments.

CHIROPODY

The West Riding County Council's chiropody scheme provides up to six free treatments a year for expectant mothers, the physically handicapped and elderly persons over the age of 65 years in the case of males and over 60 years in the case of females. Eight chiropodists working on a sessional basis (equivalent to a whole time staff of 3.65) were employed in the Division at the end of 1971 and they provided a clinic and a domociliary service - the latter for those cases who were medically certified as being housebound.

Chiropody Treatment in the Division in 1971

CLINIC	No. of Sessions held during year	No. of patients treated			Total treatments given		
		P	P.H.	E.M.	P	P.H.	E.M.
Morley Central Clinic	185	308	4	-	1478	28	-
Ardlsey Health Centre	73	156	4	-	583	17	-
Drighlington Clinic	22	38	-	-	186	-	-
Gildersome Clinic	27	54	1	-	212	4	-
Horbury Clinic	40	69	2	-	299	10	-
Croft House Ossett	95	158	8	-	751	34	-
Crofton Mini Clinic	16	35	2	-	126	5	-
Crigglestone Clinic	45	69	4	-	331	23	-
Middlestown Health Centre	26	49	1	-	205	3	-
Sharlston Mini Clinic	22	39	1	-	161	5	-
Walton Mini Clinic	10	18	-	-	70	-	-
Mobile Clinic	30	49	1	-	251	5	-
Domiciliary Cases	-	592	108	-	2565	464	-
Totals	591	1634	136	-	7218	598	-

P - Pensioners P.H. - Physically Handicapped E.M. - Expectant Mothers

IMMUNISATIONS AND VACCINATIONS

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against whooping cough, tetanus, poliomyelitis, measles and rubella may be done either at the clinic or by the Family Doctor.

During 1971, all clinic appointments and about two-thirds of general practitioners appointments in the Division for primary immunisation and vaccination were issued by the central computer houses at County Hall in Wakefield.

As regards booster protection, we are still dealing with children who were initially protected against diphtheria and tetanus by the original method of three injections at monthly intervals, and for this to be effective more frequent booster protection is considered to be necessary. Such children therefore, are still receiving booster injections and oral poliomyelitis vaccine at the age of nine years but this will discontinue in 1975.

Protection against tuberculosis by BCG vaccine is now given at 11 years (first year in Secondary School) and the increase in the numbers skin tested and vaccinated in 1971 is due to the fact that during this year the thirteen, twelve and eleven year olds were all dealt with together. Protection against rubella (German Measles) is also given at the age of 11 years - but is of course confined to girls, as the danger lies not in the effects of the disease on the schoolchild or adult, but on the development of an unborn infant should the mother contract the disease during pregnancy.

The numberof children who were recorded as completing a primary course of immunisation and vaccination in 1971 was as follows:-

Type of Immunisation or Vaccination	Year of Birth					Others Under age 16	Total
	1971	1970	1969	1968	1964-67		
Diphtheria	9	1120	307	32	90	37	1595
Whooping Cough	9	1103	300	31	3	-	1446
Tetanus	9	1120	307	32	89	47	1604
Poliomyelitis	9	1121	307	33	106	58	1634
Measles	-	685	526	79	143	4	1437
Rubella	-	-	-	-	-	1229	1229

The total Divisional births in 1970 was 1758 which means that about 64% of children were protected against diphtheria, whooping cough and tetanus.

The number of children who received re-inforcing doses in 1971 was as follows:

Diphtheria	-	17	18	6	1319	1111	2471
Whooping Cough	-	16	18	5	28	10	77
Tetanus	-	17	22	7	1322	1113	2481
Poliomyelities	-	16	19	8	1318	1106	2467

Smallpox Vaccination

Following the Secretary of State's decision to accept the advice of the Joint Committee on Vaccination and Immunisation that the routine vaccination of children against smallpox need no longer be recommended, the County Council discontinued such vaccinations during the year.

B.C.G. Vaccination against Tuberculosis

The recommended age of vaccination against tuberculosis has been between 10 - 14 years and it has always been the older child who has been offered the vaccine in former years. In 1971 the age range 11 - 14 years was offered vaccination in an endeavour to lower the age of vaccination and increase the acceptance rate and this accounts for the larger number of children skin tested and vaccinated. In 1972 only the 11 year old age range will be vaccinated.

The acceptance rate was 86.9% though only 94.5% of these were actually skin tested and the test read Of these, 95.1% had a negative reaction and 4.9% a positive reaction, the former being given BCG vaccine. Of the 130 children recorded as having a positive reaction 47 were sent for chest x-ray and all were normal.

The following table is a summary of the work carried out during the year.

School	No. of children eligible	No. of children who consented	No. of children Heaf Tested	No. Positive	No. Negative	No. Vaccinated	No. absent for reading of skin test
Bruntcliffe Secondary	587	510	503	23	467	467	7
Morley Grammar	442	352	347	24	320	320	5
Woodkirk Secondary	520	470	454	5	437	437	16
Crigglestone Secondary	178	150	149	5	141	141	1
Crofton Secondary	398	303	301	26	271	271	2
Horbury Secondary	405	333	317	23	280	280	16
Ossett Comprehensive	800	700	661	24	616	616	39
Silcoates School	-	-	1	-	1	1	-
Totals	3330	2818	2733	130	2533	2533	86

HEALTH EDUCATION

During 1971 Health Education was taught in every senior school in the Division along with six junior, two infants and one nursery school. The topics used by the Health visitor included smoking; menstruation; the common cold; home accidents; dental health; personal hygiene; dangers of fireworks; sleep, rest and exercise; care of the feet; nutrition and first aid. Films and filmstrips were used to help with the teaching. It is pleasing to report that two junior schools, two infant schools and the nursery school were all persuaded to take part in our Health Education Programme during 1971.

As in previous years much teaching is done by the health visitor in the clinic and in the home by personal contact and use is made of displays, posters and leaflets in doctors' surgeries, local libraries, post offices, clinics and the district public health offices. I give below extracts of reports which I have received from the hhealth visitors which I think illustrate the type of work that they are doing and in some cases the response which they are receiving.

> "The main subject which I teach is first aid and the one part of this I think most worthwhile is the Mouth to Mouth Resuscitation.
>
> I try and impress the importance of self discipline and the need for confidence in dealing with people who are perhaps hurt or frightened. Also the use of what they learn in the prevention of accidents both at work and in the home. Also I find it easy to assess the knowledge, and lack of knowledge, on many subjects such as elementary anatomy and physiology. This I try to correct and improve upon whilst still appearing to be teaching a subject like first aid which perhaps does not have quite the heightened interest of sex education as such".
>
> "I thought the talk on 'Care of the Skin' made quite an impression on the group of 9 - 11 year olds.
>
> By way of introduction I gave them a short anatomy of the skin accompanied by a large coloured diagram (which was left in school for a week.)
>
> This produced many intelligent questions, which showed they had been listening and this paved the way to a better understanding of why the skin should be kept clean and healthy, rather than plunging straight into "Why we should wash ourselves."
>
> A week or two later I met a mother in the Health Centre corridor who said "I hear all about your talks in school - its a good idea".
>
> Several other mothers have made similar remarks and said how interested the children were."

"........... It was decided that I would concentrate mainly on mothercraft in the first term and generally these classes have been quite popular with the 15 year old groups of girls. I found that the most enjoyable classes were the ones where practical instruction was given and the girls were able to take part in this. During demonstrations such as "Bathing a Baby" the girls were all eager to try their skills and I found that they were also much more forthcoming in asking questions and discussing other aspects of baby care.

I found other subjects such as 'Nutrition', 'Prevention of Infection' etc. did not seem so well received and I got the impression that the girls were rather bored and felt the subject was not relevant so far as they were concerned."

"........ At the above school I carry out a six weeks repetative programme throughout the school term. One of the six topics is "Pregnancy and Labour". I use the Cow and Gate Mothercraft Charts to illustrate my talk. Unfortunately this class is entirely female but they derive a great deal of benefit from this talk".

"Parentcraft talks are given to the two lowest streams of girls who will be leaving the County Secondary School either at Easter or at the end of the school year.

These girls will probably all be mothers in two to three years time, almost all of them have a lot of experience in caring for their own younger brothers or sisters.

They are a difficult group of girls to teacg and sometimes after one 40 minute lesson (which seems to last for hours) I feel mentally exhausted.

I am sure this type of lesson is essential and worthwhile.

One of my colleagues assures me that she can always tell when she visits a first baby of one of the young mothers who has attended the school where I teach. They ask more questions and are eager to discuss problems and they listen to advice.

Just recently I had an 18 year old mother of twins - I taught her, I asked her if she had benefited by the lessons on parentcraft her answer was 'Yes' because it made her much more inquisitive, she felt confident to ask questions without feeling embarrassed by her lack of knowledge. In my opinion this is a good thing because now, when necessary, advice will be readily accepted".

During 1971 the following programme was adopted, each topic being changed at approximately two monthly intervals.

Injections, Immunisations etc.

Teeth

Smoking (in conjunction with the National
Smoking Campaign)

Water Safety - Swimming

Poisonous Berries and Fungi

Colds Can Kill

Fireworks and Christmas Posters were displayed at the appropriate times.

The Health Education Council's mobile exhibition caravan visited the Division for one week in March and in addition to visiting Morley Grammar School and Ossett Comprehensive School for half a day each, was on exhibition outside Morley Central Clinic and Croft House Clinic, Ossett. The topic presented was"Weight Control"

SCHOOL HEALTH SERVICE

The traditional, and indeed, statutory three school medical inspections - infant, junior and senior - have undergone a reappraisal in recent years, and current opinion is that the first examination should be made in some detail and the remaining two dealt with as screening examinations. In this Division this policy has been adopted for several years - but three, not two, screening examinations are made. The first medical examination has been advanced into the immediate pre-school period and coincides with the last of the pre-school examinations by the health visitor. The health visitors' record cards for all children who will attain the age of five years in a particular year are extracted from the files and these form the basis of children to be examined in that year. Of course a number may have entered school early, in which case this is essentially a school medical examination performed in the clinic. The Medical Officer records any child who requires to be followed up in school or at a special clinic and appointments are made if this is necessary. Regular visits (depending on the availability of medical staff) are paid to the schools when the doctor can discuss those children she feels necessary with the head teacher. At the pre-school examination booster protection against diphtheria, tetanus and poliomyelitis is given.

Screening examinations occur at 7 and 10 years. both in the junior school, and replace the second statutory examination. The parents of all children in these age groups are asked to complete a health questionnaire which in turn is vetted by a school medical officer, and the children she selects plus those nominated by the head teacher, health visitor or requested by the parents, are examined. The junior schools are similarly visited by the medical officer so that any children with problems can be the subject of mutual discussion between the doctor and the teacher.

The last examination - again a screening examination - occurs in the 14th year. The selection is the same as before but includes the addition of any older children nominated by the head-teacher, health visitor and parents, as an increasing number of children are remaining in school beyond the statutory leaving age.

These are then the main examinations, but in addition there are other tests which are performed by the nursing staff. A regular vision test is given every two years at five, seven, nine, eleven, thirteen and fifteen years of age. (This is to become an annual vision test in 1972). Colour vision is tested at 11 years and information about children with a colour defect passed to the parent and head teacher of the junior school and later to the head teacher of the senior school and the Youth Employment Service. Hearing is tested between the ages of six and seven years, using audiometry and again in 1972 the nine to ten age range will be included. Regular visits are paid to the schoold by the health visiting staff to inspect for head infestation.

One of the main purposes of all these screeening tests is to pick out those children with handicaps and disabilities - particularly where the condition has a direct bearing on the present or future education of the child - and as a result ensures that all the medical treatment and social help available has or is being obtained, and then plan the best type of education for a particular child.

Under the routine and selective scheme of medical examinations 2297 children were examined in 1971 and there were no children who were considered to have an unsatisfactory general physicial condition.

School Population

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of Departments	30	11	6	19	66
No. of children in attendance	7064	3342	1555	3419	15380
No. of children examined	1020	579	189	509	2297

The number of children routinely examined on entering infants schools are as shown in the following table:-

Group	Morley		Ossett		Horbury		Wakefield Rural		Total	
	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Entrants	663	-	364	-	134	-	407	-	1568	-

Type of Examination.	Morley	Ossett	Horbury	Wakefield Rural	Total
Special Exams.	490	90	38	168	786
Selective Meds. Juniors	252	154	35	83	524
Selective Meds. Seniors	105	61	20	19	205
Totals	847	305	93	270	1515

Cleanliness

148 children were excluded from school - some on more than one occasion during the year - because of head infestation and of these 10 were compulsorily cleansed. This compares with 111 exclusions and 7 compulsory cleansings in 1970. The percentage of infestation in the Division has risen slightly, being 1.4 as compared with 1.19 in 1970.

As it appeared that the head louse was becoming resistant to the preparations being used (Gamma Benzene Hexachloride - 'Lorexane' and 'Quelleda' for cleansing purposes a new lotion 'prioderm' containing malathion was obtained towards the end of 1971. The value of preparations containing malathion is that they are also lethal to the louse egg or nit and that they have a marked residual action which is a boon to children who might if treated by any other means, immediately be re-infected in their homes from older members of the family who refuse to accept the advice and treatment offered by the health visitor.

CLEANLINESS INSPECTIONS

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of examinations	16810	9082	4421	9273	39586
No. of infestations	384	77	3	115	579
% of infestation	2.2	0.8	0.07	1.2	1.4
No. of individual children infested	253	45	2	94	394
No. of children excluded from school	143	3	-	2	148
No. of cleansing notices issued	27	-	-	2	29
No. of cleansing orders issued	10	-	-	-	10
No. of children compulsorily cleansed	10	-	-	-	10
Successful legal proceedings	-	-	-	-	-

Vision

All children with a visual acuity of 6/9 are kept under observation, and those with less than this are referred for specialist examinations. The following table summarises the findings during the past year.

RESULTS OF VISION TEST

Age	No. Exam.	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
7	1682	1460	86.8	155	9.2	67	3.9
9	1523	1401	91.9	76	4.9	46	3.0
11	1165	1097	94.0	38	3.2	30	2.5
13	910	860	94.5	35	3.8	15	1.6
15	662	639	96.5	14	2.1	9	1.3
Totals	5942	5457	91.8	318	5.3	167	2.8

A colour vision screening test is undertaken at 11 years of age by means of the Ishihara Colour Plates. The shortened version is used by the health visitor and the test is repeated by the school medical officer using the complete set of plates when a child fails the first test. Colour vision is important when considering a future carrer as with certain occupations in the Royal Navy, Royal Air Force, Merchant Navy, Railways, G.P.O., Police, Pharmacy, Textile Manufacture, Electrical Industries, Printing and Paint Trades - defective colour vision would be a bar to employment. Both the parent and the head-teacher are informed if any defect is found to be present.

Hearing

1826 children had their hearing assessed by audiometric examination between the ages of 6 - 7 years and 48 were referred to the School Medical Officer for further investigation. No hearing aids were provided during the year.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when a consultant's opinion is required. The Division has its own psychiatrists, psychologists and the services of three ophthalmologists on a sessional basis.

Child Guidance Clinic

The Child Guidance Clinics at Ossett and Morley continue to be held weekly, each clinic now having one full day. The Ossett clinic is now busier than Morley and the number of children treated in Ossett continues to be higher than in previous years - Morley remaining approximately the same as 1970.

Clinic accommodation remains the same but an additional Psychiatrist, Dr. H. Sanderson and an additional Psychologists, Mr. D. Clark, have commenced duties in Ossett, Dr. Maxwell and Mr. Mannix remaining at the Morley Clinic. Miss T. Fairburn, Psychiatric Social Worker, works at both clinics in place of Mrs. S. Halstead who transferred to the Social Services Department.

The case material referred to the clinics is chosen well, varies widely, and is of very great interest to all members of the clinic team. Occasional talks relevant to the work are requested and undertaken in the area.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS IN 1971

	Morley	Ossett
No. of sessions held	73	75
No. of new cases	46	53
No. of cases referred from 1970	53	48
No. of cases discharged or referred for residential treatment	39	43
No. of cases carried forward to 1972	60	58

NUMBER OF NEW CASES SEEN AT CHILD GUIDANCE CLINICS 1967 - 1971

Clinic	1967	1968	1969	1970	1971
Ossett	17	24	28	40	53
Morley	32	32	40	47	46

Refraction Clinic

Refraction clinics staffed by specialists are held at Morley, Ossett and Wakefield. However, in July 1971, Dr. Wittels retired and we were unable to obtain a replacement for Morley clinic for the remainder of the year. Parents of children on the Morley waiting list were duly notified of the situation and advised to take their children to see their own general practitioner for referral to an optician. There were 164 children on the waiting list for Ossett eye clinic, which is equivalent to a period of 5 - 6 months. This has been dramatically reduced however, by obtaining the services of Dr. Pickering for two - ½ day sessions per month, extra to Dr. Prasher, who already does one full day per month. There were also 122 children on the waiting list for Wakefield Eye Clinic - a 4 to 5 months waiting period.

ATTENDANCE AT REFRACTION CLINIC IN 1971

	Morley	Ossett	Wakefield	Total
No. of sessions held	30	21	24	75
No. of new cases	128	106	69	303
No. of Refractions carried out	352	244	235	831
No. of new cases where spectacles were prescribed	84	77	87	248

Ear, Nose and Throat Clinic

With the consent of the general practitioner, children requiring specialist attention are referred to the hospital clinics at Batley, Wakefield and Leeds.

Speech Therapy Clinic

There is only one Speech Therapist working one-½ day session per week in the Gaskell area of the Division and no help has been obtained for the Morley area. The shortage of Speech Therapists would appear to be a national problem.

1.	Total number of sessions held during year (half-days)	14
2.	(a) Number of new cases treated during year	6
	(b) Number of cases already attending for treatment from previous year	8
	(c) Total number of cases treated ((a) and (b))	14
3.	Number of cases awaiting treatment at end of year	6
4.	Number of visits made to school	2
5.	Number of home visits	-

Analysis of Cases Treated during year

		Boys	Girls
1.	Stammering	-	-
2.	Defects of articulation -		
	(a) Cleft palate	-	-
	(b) Cerebral palsy	-	-
	(c) Other structural malformations	-	-
	(d) Other causes e.g. neurological	-	-
	(e) No specific cause found	3	2
3.	Disorders of language due to -		
	(a) Retarded language development (non specific)	3	1
	(b) Retardation with associated subnormality	2	3
	(c) Retardation associated with deafness	-	-
	(d) Dysphasia	-	-
	(e) Aphasia	-	-
	(f) Other reasons	-	-
4.	Dysphonia	-	-
5.	Other defects	-	-

Analysis: Children discharged during the year

	Boys	Girls
Total	2	-
Speech normal	1	-
Speech improved	-	-
Unsuitable for treatment	-	-
Non-co-operation	-	-
Admitted to special schools	-	-
Left school	-	-
Left district	1	-
Other reasons	-	-

Handicapped Pupils

53 handicapped children were initially ascertained during the year and at the end of 1971 we had 376 handicapped children on our register. Of these 235 were already receiving appropriate education in special schools, but 7 physically handicapped, 6 maladjusted and 38 educationally subnormal children were awaiting placement in special schools at the end of the year. Of the remaining 90, 88 - 26 of whom were physically handicapped - were recommended for special educational treatment in ordinary school and two required Home tuition.

HANDICAPPED PUPILS RECOMMENDED FOR EDUCATION IN SPECIAL SCHOOLS

AT 31st DECEMBER, 1971

Category	Morley	Gaskell	Total
Blind	1	-	-
Partially Sighted	3	2	5
Deaf	7	7	14
Partially Hearing	1	1	2
Educationally Subnormal	120	92	212
Physically Handicapped	9	11	20
Maladjusted	10	11	21
Delicate	3	6	9
Epileptic	-	2	2
Total	154	132	286

Pre-School Handicapped Children

In 1971 medical information which was being obtained about any particular child from the congenital malformation returns and from the immunisation consent form and the hearing schedule completed by the health visitor was processed for inclusion on the computer. As many of the disabilities recorded in the first year of life improved of their own accord or were amenable to treatment, any child with a potential defect is placed on an observation register until the age of eighteen months. At eighteen months the register is processed by the computer and the relevant details of each child are issued on a prescribed form, which when completed by the examiner is returned for updating the computer.

One of three recommendations can be made as a result of this examination:

a) the child be regarded as handicapped or disabled and transferred to the handicap/disability register and followed up at thos intervals recommended by the examining medical officer;

b) the child be considered to be suffering from no condition and his name removed from the observation Register;

c) no decision can yet be made in which case this child will remain on the observation register for further review.

Children and Young Persons Act 1933

Thirty children made special application to take part-time employment during the year and all were considered physically fit for such work.

GENERAL PROVISIONS OF THE HEALTH SERVICE

HOSPITALS

General Hospital Accommodation

There are no hospitals within the Division but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield in 1966 provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greates possible chance of recovery.

Isolation Hospitals

Patients with infectious diseases may be admitted to Snapethorpe Hospital Wakefield, or Seacroft Hospital, Leeds. The latter hospital admits any case of acute poliomyelitis from this area.

Maternity Hospital and Maternity Homes

Maternity hospital facilties are available at Centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley but this will close in 1972 when the new maternity hospital opens in Dewsbury. This maternity hospital is the first part of a new District General Hospital which will be built in Dewsbury. Priority of admission is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorders

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds and Westwood, Bradford, a new hospital for mentally sub-normal patients is under construction on a site adjacent to Pinderfields and Stanley Royd Hospital, Wakefield. This hospital will have beds for 480 of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit for 20 beds for those sub-normal patients suffering from acute medical and surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Authority Social Services Department accommodation is to be provided for their staff. Work commenced on the hospital towards the end of 1968 and is likely to be completed in 1972.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the ambulance Headquarters Tel. No. Bradford 682211.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, entomological and chemical investigations from General Practitioners and Public Health Department Staff.

BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

PUBLIC HEALTH INSPECTOR

PREFACE

Mr. Chairman and Members of the Health and Sewage Committee:

The continuing improvement of housing within the Borough will be accelerated as a result of increased grants and the readiness of both private owners and the Housing and Estates Committee to make use of them.

The effect in the private sector has been twofold; firstly an increase in the rate of applications and secondly the greater use of improvement rather than standard grants. Whilst this report is primarily concerned with the work of the Health Committee and this Department, it would be wrong to ignore the Housing and Estate Committee's work in the improvement of older Council houses, the decision to effect this being taken in 1971.

Over 100 requests for Qualification Certificates were made during the year and the maintenance work often found to be necessary before these could be issued will undoubtedly assist in prolonging the useful life of the houses affected.

In the Housing field the stage can never be reached when a bald statement can be made that the problem is completely solved. Passage of time takes its toll of structures and continuing raising of standards renders yesterday's just acceptable dwelling tomorrow's unfit and next week's slum area, but for some time it should not be necessary to represent houses as unfit in the same numbers as over the past decade.

The routine tasks carried out by the Department call for little comment but are nevertheless necessary and time consuming; details of these are given in the body of the report.

I would tender my sincere thanks to the members of the Health and Sewage Committee for their help and understanding during the past year, to the Medical Officer of Health and the officials of the Council for their advice and assistance and finally to the staff of this department for their loyal service and tactful administration of the duties delegated to them.

H.W. MYCOCK
Chief Public Health Inspector

HOUSING

New Houses Completed

Private Construction	187
Council Construction	20

Overcrowding

The over-all picture of housing within the Borough continues to improve; however, there still remains a number of small cottage type dwellings, and it is anticipated that for some years yet a few instances of overcrowding will continue to be discovered. The position at the end of the year is set out below :-

Total known cases of overcrowding at 31st December, 1971:	5
Number of families involved	5
Number of persons involved	29
Cases discovered during the year	1
Cases abated during the year	1

Slum Clearance

Details of action taken and the position at the end of the year are set out below :-

a) Areas represented during 1970 and confirmed during 1971

Teall Street No. 1 Compulsory Purchase Order, 1970

17, 19, 21, 23, 25, 27 and 29 Teall Street

Teall Street No. 2 Compulsory Purchase Order, 1970

40, 42, 44, 46 and 48 Teall Street

Teall Street No. 3 Compulsory Purchase Order, 1970

56, 58, 60 and 62 Teall Street

Dewsbury Road Compulsory Purchase Order, 1970

110, 112 and 114 Dewsbury Road

Headlands Road Compulsory Purchase Order, 1970

23, 25, 27 and 29 Headlands Road

Bridle Lane Compulsory Purchase Order, 1970

28, 30, 32, 34, 36, 38, 40, 42, 44 and 46 Bridle Lane

South Parade Clearance Arder, 1970

45, 47, 49 and 51 South Parade

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b) Areas represented during 1971

Areas represented during 1971	Position as at 31. 12. 71
Cardigan Lane Compulsory Purchase Order 1971 7, 9, 11, 13, 15 and 17 Cardigan Lane	Confirmed
Wesley Street Clearance Area, 1971 35, 37, 39, 41, 43, 60, 62, 64, 66, 58, 70 and 72 Wesley Street	Awaiting Council's decision as to C.O. or C.P.O. procedure
Station Road No. 1 Compulsory Purchase Order 1971 200, 202, 204 and 206 Station Road	Confirmed
Station Road Clearance Order No. 2, 1971 235, 237, 239 and 241 Station Road	Held in abeyance pending possible scheme for reconstruction
Wakefield Road Clearance Order 1971 1, 2 and 3 Mitchell's Yard	Confirmed
Wakefield Road Compulsory Purchase Order 1971 13 and 15 Wakefield Road	Confirmed
Park Square Clearance Order 1971 34 and 36 Park Square	Ministry decision awaited
Park Street Compulsory Purchase Order 1971 8, 10, 12, 14, 16, 18 and 20 Park Street	Ministry decision awaited
Horbury Road No. 2 Compulsory Purchase Order 1971 1, 2, 3 and 4 South Place. 27, 29, 31, 33, 35 and 37 Horbury Road	Ministry decision awaited

Horbury Road No. 1 Compulsory Purchase Order, 1971	Ministry decision awaited
15 and 17 Horbury Road. 2, 4 and 6 Hawthorne Terrace	
Ryecroft Street Clearance Order 1971	Ministry decision awaited
21, 21b, 21c and 21d Ryecroft Street	
Manor Lane Compulsory Purchase Order 1971	Ministry decision awaited
2, 4, 6 and 8 Manor Lane. 106, Montreel Cottage and 110 Manor Road	

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c) Houses demolished 1971

31 High Street	Clearance Area
1 Cross Street	Clearance Area
1 - 8 Albion Terrace	Clearance Area
90 Dale Street	Clearance Area
59 - 75 Dale Street, 1, 2, 3 and 4 Tomlinson's Yard, Dale Street	Clearance Area
1 - 14 Mitchell's Row	Clearance Area
9. 19. 21 and 23 Ventnor Cottages	Clearance Area
55, 57, 59, 55b, 57b, 59b Horbury Road	Clearance Area
1, 2, 4, 5, 6, 7, 8 Ellis' Yard and 52, 54 and 56 Storrs Hill Road	Clearance Area
2, 3, 4 and 5 Waverley Cottages	Clearance Area
113, 115 and 117 Dale Street	Clearance Area
13, 15, 17, 19, 21 and 23 Storrs Hill Road	Clearance Area
11 Ventnor Cottages	Demolition Order
3 Ellis' Yard	Demolition Order
31 Wakefield Road	Demolition Order
7 Oakwood Cottages and 24 and 26 Market Place	Closing Orders
3 and 5 Back Lane	Closing Order
4 and 5 Sutcliffe's Yard, The Green	Clearance Area

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d) Scheduled Properties demolished during road works etc.

2 - 11 May Terrace
1 - 6 Royds Cottages, High Street
Ivy Cottage, Back Lane
7 Back Lane
18, 20, 22, 24 Sunnydale Terrace

Housing Act, 1969   Applications for Qualification Certificates

Details of applications received are detailed below :

Received for	Number	Issued	Certificates issued after works completed
Provisional	70	70	13
Qualification	52	62	n/a

MEAT AND OTHER FOODS

Meat Inspection

Number of licensed slaughterhouses in the Borough: 3

The following table gives details of carcases and offal inspected and condemned in whole or in part :-

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3960	450	18	15630	8110
Number inspected	3960	450	18	15630	8110
All diseases except tuberculosis and cysticerci					
Whole carcases condemned	-	3	2	11	10
Carcases of which some part or organ was condemned	322	47	1	258	1060
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci.	8.4	11.1	16.7	1.1	13.2
Tuberculosis only					
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	28
Percentage of the number inspected affected with tuberculosis	-	-	-	-	0.34
Cysticercosis					
Carcases of which some part or organ was condemned	6	-	-	-	-
Carcases submitted to treatment by refrigeration	6	-	-	-	-
Generalised and totally condemned	1	-	-	-	-

Disposal of Unsound Meat

Unsound meat is sold to waste recovery merchants, the proceeds of the sales being retained by the butcher.

Set out below are details of animals and organs found to be unfit :-

	Tuberculosis	Other Causes
Carcases and all organs		
Bovine	-	3
Sheep	-	11
Pigs	-	10
Calves	-	2
Part Carcases		
Bovine	-	205 lb
Sheep	-	99 lb
Pigs	-	295 lb
Heads and Tongues		
Bovine	-	14
Pigs	28	6
Lungs		
Bovine	-	12
Sheep	-	8
Pigs	-	641
Calves	-	1
Livers		
Bovine	-	280
Sheep	-	220
Pigs	-	195
Plucks		
Sheep	-	19
Pigs	-	51
Mesentry		
Bovine	-	1
Hearts		
Bovine	-	14
Sheep	-	1
Pigs	-	158

Kidneys

Bovine	-	18
Sheep	-	2
Pigs	-	7

Udders

Bovine	-	22
Sheep	-	1

Spleen

Bovine	-	3

C. Bovis: 7

Meat Inspection Regulations 1963 and 1971

Charges made under the Regulations were the maximum i.e. cattle 2s6d; pigs 9d., sheep 6d. per head until the new maxima of 18p; 5p; and 4p. respectively were substituted in December, 1971.

Income arising from these charges during the year was :- £1311.39.

Other Foods Surrendered

	Containers	Weight lbs	Weight ozs.
Chicken	82	23	1
Cream	81	30	6
Fish	20	7	15¾
Fruit	273	298	10½
Jelly	2	-	8
Meat	6023	6644	9½
Milk	2	1	3½
Tomatoes	11040	9578	0½
Vegetables	3979	13528	13
Other than canned			
Chicken		19	8
Meat		873	0
	21502	31005	11

(13 tons 16 cwt. 3 qr. 91b. 11¾ oz.)

Milk Samples

During the year samples have been taken regularly from bulk supplies of milk intended for retail sale and also when necessary from individual cows for examination for brucella infection. Details of the results of these and the Methylene Blue test are given below:-

Source	Designation	Type of Examination	Negative or passed	Doubtful or Void	Positive or failed	Total
Bulk Retail Supplies	Untreated	Methylene Blue	37	2	7	46
		Brucella Abortus				
		Ring Test	33	–	18	51
		Cream Culture	13	2	3	18
	Pasteurised	Methylene Blue	2	–	–	2
		Phosphatase	2	–	–	2
Individual Cows	Untreated	Brucella Abortus				
		Ring Test	75	–	11	86
		Cream Culture	8	–	3	11
Bulk Wholesale Supplies	Untreated	Brucella Abortus				
		Ring Test	1	1	11	13
		Cream Culture	5	3	4	12

Action Taken on Supplies giving Positive Results

Affected cattle from two herds supplying retailers within the Borough were removed for slaughter.

An order under Article 20 of the Milk and Dairies Regulations continues in force on a herd which has been infected for some time.

Food Samples

Set out below are details of samples taken for bacteriological examination together with the results :-

Sample	Number taken	Satisfactory	Unsatisfactory
Meat & meat products	7	7	-
Fresh cream products	3	3	-
Synthetic cream products	2	2	-

Fresh Cream	21	Methylene Blue				
		4 hrs.	3 hrs.	2 hrs.	1 hr.	0 hr
	Decolourised in :	15	2	1	2	1

Liquid Egg (Pasteurisation) Regulations, 1965

There are no egg pasteurisation plants within the Borough

Poultry

There are no poultry processing premises within the district.

Food Hygiene Regulations

Summary of the number of food premises in the Area is set out below :-

Catering Establishments	29
Bakehouses	9
Other Food Shops	75
Ice-cream retailers	22
Sausage, potted or preserved food manufacturers	4
No. of inspeccions made at food premises (excluding slaughterhouses)	401

ATMOSPHERIC POLLUTION

The instrument for determining the level of smoke and sulphur dioxide pollution is installed at the Public Health Inspectors' Office, Seemore Arcade, Towngate, Ossett. The results obtained during 1971 are as follows :-

Month	SMOKE Microgrammes per cubic metre			S.O.2 Microgrammes per cubic metre		
	Average	Highest	Lowest	Average	Highest	Lowest
January	194	980	18	259	890	58
February	134	474	7	209	433	35
March	71	189	11	164	312	73
April	53	126	15	127	228	28
May	90	182	11	108	192	32
June	34	132	11	84	142	39
July	24	48	7	112	298	33
August	28	76	9	70	200	35
September	58	116	19	131	240	44
October	77	540	12	159	506	49
November	71	231	22	167	519	61
December	63	356	11	157	431	61
Average '71	76			146		
Average '70	66			138		

Smoke Control Areas

Total areas in operation covering the whole of the Borough:-

15 areas *5,294 premises 3,332 acres

* This figure does not include properties which have been erected since the areas were submitted to the Minister for confirmation.

Industrial Premises

The level of emissions from industrial chimneys has continued to be low and informal action has been sufficient to procure rectification of defects.

WATER SUPPLY

Water is supplied by the Wakefield and District Water Board to all houses within the Borough. During the year 11 samples were taken and all were satisfactory.

INFESTATION CONTROL

Rodent Control

Sewer Treatment

One sewer treatment was carried out during the year using sodium fluoracetate, this treatment being carried out by contractors.

Surface Control

As in previous years this work was contracted out to Rentokil Laboratories . Details of the actual treatments are set our below:-

	First Visits	Repeats
Rats	72	7
Mice	101	24

Other Vermin

Other infestations treated during the year :-

Bugs, Fleas and cockroaches	24
Wasps and Bees	9

REFUSE COLLECTION AND DISPOSAL

Staff

The staff employed on refuse collection and disposal was as follows:-

Collection

Loaders	11
Drivers	4

Disposal

Tractor driver	1
Paper baler	1

Sickness and Absenteeism

Hours lost through sickness during 1971	927
Hours lost through absenteeism during 1971	181¾
Amount paid under sickness scheme	£262.88

STATISTICS - HOUSING

Number of dwelling houses in the district	6263
Number of back-to-back included in the above	59
Number of single back included in the above	140
Number of houses rendered fit in consequence of informal action	60

Section 16 - Housing Act, 1957

No. of representations made in respect of unfit houses	-
No. of Demolition Orders made	-
Undertakings accepted	-
No. of houses demolished	3
No. of Closing Orders made	-
No. of persons displaced from closed houses	-
No. of houses closed	-
No. of houses subject to Closing and Demolition Orders demolished	5

Part 3 of Housing Act, 1957

No. of Clearance Areas represented during the year	12
No. of houses included in these areas	66
No. of persons to be displaced	122
No. of Compulsory Purchase Order made	7
No. of houses in Clearance Areas demolished	76
No. of persons displaced from houses in Clearance Areas	100
No. of families involved	47

Number of scheduled unfits demolished without formal action	22

OTHER STATISTICS

Ashes Accommodation

No. of dustbins supplied	444

Classified Statement of Inspections

Accumulations	35
Applicants for Council Houses	17
Atmospheric Pollution Gauge	314
Bakehouses	15
Boilerhouses	9
Civic Amenities	27
Council Houses	10
Dairies and Milk Shops	9
Delivery Vehicles	3
Diseases of Animals	2
Drainage	547
Dustbins	13
Exhumations	2

Factories: M.P.	19
N.M.P.	1
Food Premises - General	157
Food Preparing Premises	121
Food Poisoning	2
Fried Fish Sops	2
Grants: Improvement and Standard	233
Housing Act : Advances	34
Slum Clearance	448
Ice Cream Premises	1
Imported Food	43
Licensed Premises	4
Market Stalls	29
Miscellaneous (inc. Interviews)	785
Noise Nuisances	65
Nuisances - Public Health	237
Offensive Trade Premises	3
Offices, Shops and Railway Premises	77
Pet Shops	2
Piggeries	2
Public Conveniences	21
Qualification Certificates	241
Refuse Collection	251
Rodent Control: A.P.	15
B.P.	10
C.P.	29
D.H.	47
Sewers	22
Salvage	75
Samples: Food	15
Milk	50
Water	18
Schools	6
Slaughterhouses	1092
Smoke Control: Domestic and Industrial	425
Streams and Watercourses	12
Tents, Vans and Sheds	1
Tips	153
Verminous Premises: Bugs, Cockroaches and Fleas etc.	24
Wasps and Bees	9
Work in Progress	58
Total	5862

Sanitary and other Improvements made and defects remedied

a) Dwelling Houses

Floors repaired	11
Sinks renewed or repaired	6
Waste pipes renewed or repaired	8
Rendered free from dampness	47
External walls repaired	24
Windows repaired or renewed	36
Water supply improved	9
Hot water systems repaired or renewed	10
Plaster repaired	57
Premises cleansed	12
Eaves gutters and rainwater pipes repaired or renewed	44
Roofs repaired	14
Chimney stacks repaired	15
Other repairs	6
Doors repaired/renewed	16
Handrails provided	31

b) Water Closets

Water closets provided	7
Water closet cleansed	6
Flushing cisterns repaired or renewed	2
Water closet repaired	6
Provided with sufficient water supply	3
Other repairs	2

c) Drains

Gullies repaired or renewed	10
Drainage improved	30
Drains cleansed	162
Inspection chambers repaired/provided	12
Section 24 improvement/repair	52

d) Other Nuisances Abated

Accumulations removed	13
Sufficient dustbins provided	3

e) Food Premises

Rendered free from dampness	2
Plaster repaired	3
Redecoration carried out	13
Wash hand basin provided	3
Premises cleansed	8
Accumulations removed	10
Sufficient hot water supply provided	1
Floors repaired	5
Ventilation	2

Drainage improved	7
External walls repaired	1
Gutters and fallpipes repaired	3
Sink waste pipes renewed/provided	3
Water closets cleansed	2
Artificial lighting improved	3
Drainage cleansed	3
Gullies repaired	2
Refuse storage improved	6
Towel and nail brush etc. provided	5
Pro forma provided	1
First aid equipment provided	3

f) Offices, Shops and Railway Premises

Floors repaired	2
Sanitary conveniences - separate for sexes	1
Accumulations removed	1
Pro forma provided	5
Refuse storage improved	6
First aid equipment provided	6
Towel, nail brush etc. provided	2
Thermometer provided	8

Informal Notices

	Issued	Complied with
Food Hygiene (General) Regulations	26	19
Offices, Shops & Railway Premises	9	6
Factories Act	1	1
Public Health Acts	31	26
Statutory Notices - Public Health Acts	42	40

OFFICES, SHOPS AND RAILWAY PREMISES

Registrations and General Inspections

Class of Premises	No. of premises registered during the year	Total no. of premises registered at end of year	No. of registered premises receiving a general inspection during the year
Offices	4	27	4
Retail shops	11	81	13
Wholesale shops, warehouses	3	18	7
Catering establishments open to the public	2	12	4
Fuel storage depots	-	2	-

Number of visits of all kings made by inspectors to registered premises 77

Analysis of persons employed in registered premises by workplace

Class of Workplace	No. of persons employed
Offices	286
Retail shops	265
Wholesale departments, warehouses	177
Catering establishments open to the public	42
Canteens	1
Fuel storage depots	9
Males: 363 Females:417 Total	780

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1971 FOR THE BOROUGH OF OSSETT

Prescribed Particulars on the Administration of the Factories Act, 1961

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)-

Premises	No. on Register	Inspections	No. of written notices	Occupiers Prosecuted
i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by local authority	126	19	1	-
ii) Factories not included in (i) in which section 7 is to be enforced by local authority	19	1	-	-
iii) Other premises in which Section 7 is to be enforced by local authority (excluding outworkers' premises)	7	7	-	-

Cases in which DEFECTS were found

Particulars	Number of cases in which defects found				Number of cases in which prosecutions were instituted
			Referred		
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	1	1	–	–	–
Overcrowding	–	–	–	–	–
Unreasonable temperature	1	1	–	–	–
Sanitary Conveniences					
a) Insufficient	2	2	–	–	–
b) Unsuitable or defective	4	4	–	–	–
c) Not separate for sexes	1	1	–	–	–
Ineffective drainage of floors	–	–	–	–	–
Drainage cleansed	3	3	–	–	–
Ventilation improved	1	1	–	–	–
Redecoration	3	3	–	–	–
Accumulation removed	2	2	–	–	–
Other defects	2	2	–	–	–

PART VIII OF THE ACT
Outwork

(Sections 110 and 111)

	Section 110			Section 111		
	No. of outworkers in August lists required by Section 110 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises.	Notices served	Prosecutions
Wearing apparel) Making etc. Cleaning & Washing	–	–	–	–	–	–
Household Linen	–	–	–	–	–	–
Lace, lace curtains and nets	–	–	–	–	–	–
Curtains & furniture hangings	–	–	–	–	–	
Furniture and upholstery	–	–	–	–	–	–
Electro-plate	–	–	–	–	–	–
File making	–	–	–	–	–	–
Brass and brass articles	–	–	–	–	–	–
Fur Pulling	–	–	–	–	–	–
Iron and steel cables & chains	–	–	–	–	–	–
Iron and steel anchors & grapnels	–	–	–	–	–	–
Cart Gear	–	–	–	–	–	–
Locks, latches and keys	–	–	–	–	–	–
Umbrellas etc.	–	–	–	–	–	–
Artificial flowers	–	–	–	–	–	–
Nets, other than wire nets	–	–	–	–	–	–
Tents	–	–	–	–	–	–
Sacks	–	–	–	–	–	–
Racquet and tennis balls	–	–	–	–	–	–

	Section 110			Section 111		
	No. of outworkers in August lists required by Section 110 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Paper bags	-	-	-	-	-	-
The making of boxes or other receptacles or parts thereof made wholly or partly of paper	-	-	-	-	-	
Brush making	-	-	-	-	-	-
Pea picking	-	-	-	-	-	-
Feather sorting	-	-	-	-	-	-
Carding etc. of Buttons etc.	-	-	-	-	-	-
Stuffed Toys	-	-	-	-	-	-
Basket making	-	-	-	-	-	-
Chocolates and Sweetmeats	-	-	-	-	-	-
Casaques, Christmas stockings etc.	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
TOTALS	-	-	-	-	-	-